

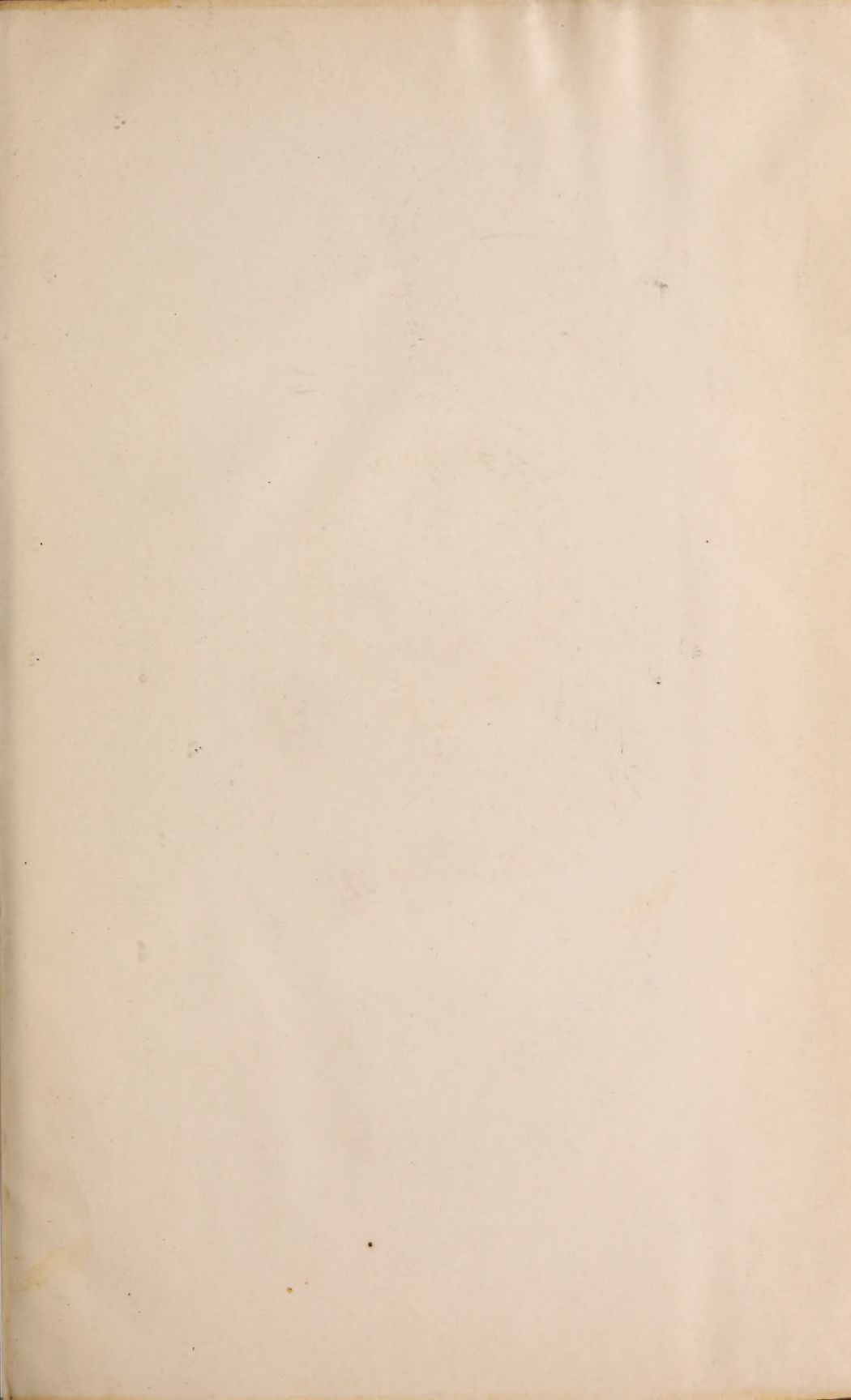



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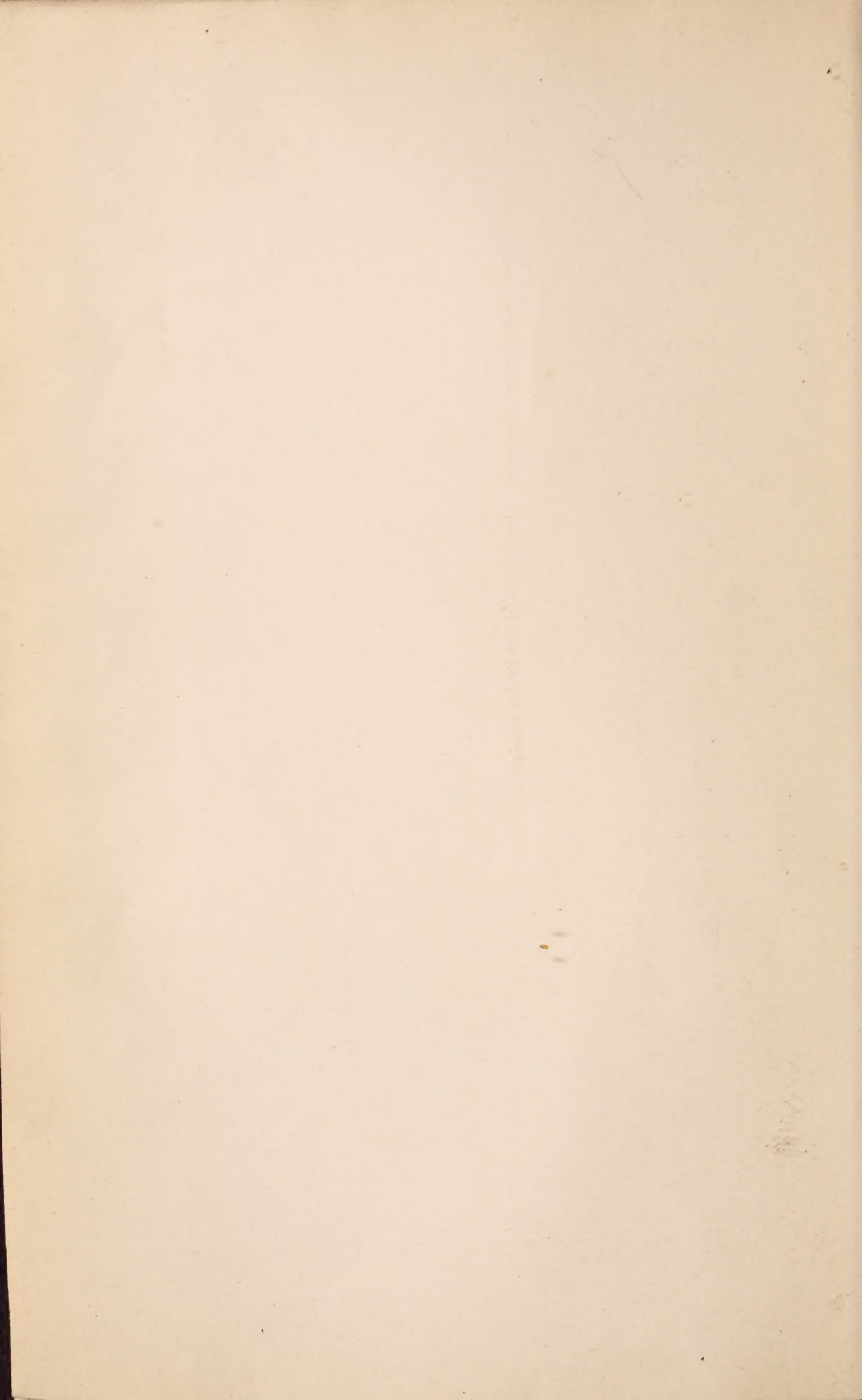
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THE

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"IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNEMANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARICATURE IN THE HISTORY OF MEDICINE."—*Constantine Hering.*

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THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

JANUARY, 1892.

No. 1.

EDITORIAL.

SALUTATORY.—In entering upon a new year it seems desirable to once more call the attention of the readers of this journal to the object for which the journal was founded.

As has been stated in the December number, at the time it was started there was no journal that could be depended upon to teach the pure doctrine, and to maintain it against all foes. There was a large number of so-called homœopathic journals before the profession. But their principal objects were to extend their circulation, and to catch advertisements. To do this they sought only how to cater to what may be called the public opinion of the profession. They had no idea of educating it. They therefore were servile followers of that public opinion, notwithstanding its want of enlightenment. They did not dare to be leaders of it lest it would impair their circulation.

Most of them are still of this character, there being only two or three honorable exceptions. Therefore this journal finds itself still with a mission, that mission being to teach Homœopathy as taught by the immortal Hahnemann.

Whether the pursuing of that mission shall increase or decrease its circulation, whether it shall make it profitable in a commercial sense, or whether it shall reduce it to bankruptcy; whether it shall meet the approval of the other journals in the

profession or secure their condemnation ; whether it shall raise a host of friends or a cloud of enemies ; whether it shall receive reward or persecution, that mission will be faithfully pursued in the future exactly as in the past.

The three great principles of Homœopathy are the similar remedy, the single drug, the minimum dose.

The only method possible to conquer a sick condition is the similar remedy. To select the similar remedy we must have provings. The proving shows the sphere of action of the drug, its scope. When the drug, that by testing upon a healthy person, gives certain characteristic indications, is applied to a sick condition in which those characteristics crop out spontaneously, then we are assured that we have brought about a collision or conflict between the spontaneous disease influences upon the one hand, and of the artificial drug power upon the other. It now remains only to so graduate the dose that the drug power shall be just sufficient to overcome the disease influence, and not substitute any damage of its own. Here is the guiding star of the homœopathist who wishes to really *cure* disease without injuring his patient by drug action. This would seem to be so rational and obvious a principle that it would be eagerly embraced and practiced by all earnest medical men, and more especially by such as have braved odium sufficiently to avow themselves homœopathists. Yet such is not the case. It is neglected, it is rejected, it is even unknown. Therefore, it becomes the duty of this journal to present it again and again ; to illustrate it in every possible way until it has become so familiar that all shall acknowledge its truth and become its enthusiastic apostles. The mission of THE HOMŒOPATHIC PHYSICIAN, therefore, is to *teach* the profession a great principle, and every contributor who adds a single page of wise observation, discussion, or clinical experience by which some brother in the craft is benefited becomes a teacher, makes himself a part of the purpose of the journal, identifies himself with the journal, increases its influence, and helps to make it the leader of the opinion of the profession.

It is now the pleasant duty of the editor to thank the many readers of this journal for their loyal support and indorsement

of the journal during the past year. Not alone by their subscriptions have they ensured its prosperity, but by their contributions to its pages. A large number of these contributions is still unpublished, so that we begin the new year with quite a rich store of instructive articles.

NOT FOR SALE.—Reports having reached the editor that this journal is for sale, or is about to cease publication, I take this opportunity to state most emphatically that THE HOMŒOPATHIC PHYSICIAN is not for sale or for barter under any conditions with any person or society ; that it will continue as heretofore to be published without any change whatever.

WALTER M. JAMES,
Editor and Publisher.

THE NEW YORK HOMŒOPATHIC UNION.

MINUTES OF FIRST FALL MEETING.

The first meeting of the season was held October 15th, at Dr. Carleton's office.

Dr. Fincke was unanimously re-elected President and occupied the chair.

Dr. Fincke said he had recently had the pleasure of seeing Dr. P. P. Wells, and that he—Dr. Wells—was in much better health, having found the remedy homœopathic to his condition.

Sections 117–121 of the *Organon* were read.

Dr. Fincke said that in section 117 it is made clear that an idiosyncrasy is simply an extreme sensibility on the part of an individual toward the action of a certain substance. The action of a medicine never varies, but individuals respond differently to different parts of its action. The symptoms from which these sensitive persons suffer are to be considered part of the proving of that particular substance to which they are sensitive.

Again, a person will experience certain symptoms from a low potency, another set of symptoms from a higher potency,

and a third group from a third change in potency, and so on, hence many provings only show the individuality of a remedy, and from many provings only do we get a finished harmonious picture.

In speaking of the idiosyncrasies, Dr. Walter M. James, of Philadelphia, reported a case of a weakly tuberculous child, having a cough always brought on by sleeping on a feather-bed or on laying the head on a feather pillow.

Dr. Morgan said when a boy he could never eat hickory-nuts without suffering from a crop of boils in consequence. It was suggested that in potency these nuts should be useful in the treatment of boils.

Dr. Carleton knew of a case of a child in collapse, with a craving for cheese; some was given to the child and marked improvement followed. Likewise in a case of croup there was improvement in the child's condition after eating cheese.

Dr. Carleton said on being called to see a lady he was requested by her not to give Ipecac; she had taken it in different potencies, but it always made her deathly ill. Her symptoms indicated Ipecac, but Dr. Carleton said he feared to give it and selected another remedy.

Dr. Fincke thought that some persons were so susceptible to certain medicines that it made no difference how high you might give a particular medicine, the person could always detect it.

Following the reading of section 119, the question again came up of giving deep-acting remedies to cases that were incurable. Dr. Howard said he remembered Dr. Bayard having a case in the last stage of consumption where Sulphur was indicated. Dr. Bayard gave it and great improvement followed.

Dr. James told of a case of Dr. H. N. Guernsey's—one of typhoid fever—where Dr. Lippe was called in consultation. Merc. was clearly indicated, but Dr. Lippe advised strongly against giving it. Later in the case the symptoms still pointed to Merc. Dr. Guernsey gave it and death followed very shortly.

Dr. Carleton was reminded of a case of consumption which called for Sulphur, but not wishing to give it, selected Sang. as the remedy that came nearest to it in this case. The man im-

proved decidedly under Sang., and was zigzagged back to health without the use of Sulph.

Dr. Fincke thought that at present we could not decide this question ; a good deal more experience only could do that.

Hinging on the above, a discussion arose as to what was an incurable case. Dr. Dyer thought that very often we could tell whether a case was incurable. The majority of the members, however, seemed to think that this could not be decided. Many so-called incurable cases come to us from allopathic hands and are cured, and even among ourselves a case which seems hopeless will recover under the well-selected remedy.

Dr. Morgan said he had a case of Bright's disease, the relative of an old-school physician, who was considered to be beyond cure. Dr. Morgan observed on one occasion that the man showed great disgust and was made sick by the smell of some eggs that were brought to him. Colchicum was given and the man recovered. At that time no kidney symptoms were found in the provings of Colch. Subsequent provings, however, show that it has an action on these organs. But the characteristic symptoms, nauseated by the smell of food, led Dr. Morgan to the remedy that cured the case.

Dr. Howard told of a case of uræmic convulsions with nausea, cold, clammy sweat, coldness of legs, twitching of the muscles, head rolling from side to side, collapse. Dr. Howard gave Bell. 9th, and cured.

Dr. Fincke told of a case of a dying man with the death-rattle, large ecchymoses covering the chest, where euthanasia followed a dose of a high potency of Camph.

Section 120 was read and the meeting adjourned.

At the close Dr. Arschaganni said that he had been advised by an eminent French physician to come to America to study Homœopathy, that he would remain with us another year and then return to practice in Constantinople. He said Homœopathy was spreading in the East, and that there were many good homœopathic physicians in Russia.

L. M. STANTON,

71 WEST 88th ST., NEW YORK.

Secretary.

IN MEMORIAM—EDGAR ABBOTT BALLARD, M. D.

DIED NOV. 6TH, 1891, AT HIS RESIDENCE, NO. 97

37TH STREET, CHICAGO, ILL.

Edgar Abbott Ballard was born at Williamsburg (now Brooklyn, E. D.) New York, March 8th, 1838. His early years were passed in Massachusetts, where he received the limited instruction afforded by the district schools of that time. With this limited education he went to New York City and there for a time engaged in mercantile pursuits. Later he adopted the theatrical profession, and acquired quite a reputation as a comedian, playing in various parts of the country. During an engagement in Memphis, Tenn., in 1859 he was prostrated by inflammation of the bowels, following an attack of dysentery which brought him to death's door, and he was sent home December 2d, 1859, in a most precarious condition. He became the charge of the late Dr. George E. Shipman, of Chicago, receiving from him his first dose of the homœopathic remedy, and, as he tersely stated it, "was snatched from the grave of disease and alloëopathy, *principally the latter.*"

The rapid improvement following Dr. Shipman's treatment, and the rational doctrines and principles which he inculcated made so deep an impression on the patient that he immediately devoted his entire energies and ability to master the science and art of healing. With Dr. Shipman as his preceptor he entered the Hahnemann Medical College of Chicago, from which he was graduated in 1863. With the exception of about eighteen months he has since practiced his profession in Chicago.

In 1870, after having diligently studied the question of the high potencies, feeling dissatisfied with the results obtained by the use of the lower ones, he adopted them exclusively, and has since then conscientiously used them with a comprehension of their powers and a knowledge of their effects seldom attained and rarely excelled. *Apropos* of a recent discussion he lately wrote "I am a living lie to the statement that Homœ-

opathy is incapable of mastering malaria, for I have successfully treated congestive chills from the swamps of Louisiana and have yet to give my first dose of quinine."

Dr. Ballard was one of the few consistent followers of Hahnemann who ever with might and main fought against the encroachment on pure scientific treatment of the empirical methods of the allœopathic and eclectic schools of medicine, and he spoke with no uncertain voice, nor did he seek to palliate one iota the force of his words when their keen incisiveness seemed harsh against those who assumed to practice according to homœopathic principles yet constantly resorted to un-homœopathic measures, and sought conciliation with the empirical physico-chemical schools. Thus in 1880, when the American Institute of Homœopathy had so far departed from its original purposes that Homœopathy was all but eliminated from its proceedings, he was one of the few who withdrew from it, and organized the International Hahnemannian Association. This Association has now become the hope and salvation of Homœopathy, and it recognized in Dr. Ballard one of its strongest supports. He was its Secretary for 1887-88, when failing health compelled him to resign further duties, and in 1889 the members of the Association at its meeting in Toronto, Canada, presented him with an elegant testimonial in appreciation of his personal worth and his long and ardent services in behalf of pure Homœopathy in Chicago, and in 1890, at the meeting of the Association at Watch Hill, Dr. Ballard was enrolled with Dr. P. P. Wells, of Brooklyn, at the head of the list of Honorable Seniors of that body.

By the death of Dr. Ballard the Association loses one of its most ardent friends and earnest supporters, and the profession one of its most able members, whose place will be hard to fill.

In 1864 he married Miss Elizabeth B. Huntley, who survives him, with a daughter and son. His brothers, Henry E. and W. A. Ballard, and sister, Mrs. C. O. Wilder, also his aged mother, are still living. For many years he was a great sufferer, and finally, in 1880, he was obliged to submit

to an operation for the removal of his left foot, and since then never fully recovered his strength.

In private life Dr. Ballard was one of the most companionable of men. His quick wit and ready repartee were sure to enliven the spirits and quicken the thoughts of those about him. He was broad and liberal-minded, a humanitarian in the widest sense of the word, kind and sympathetic to the suffering, ready and willing at all times to give aid and counsel, a true friend indeed. Not alone will he be missed at the family fireside, but hundreds of those whose sufferings he had assuaged, those who have met him in social intercourse, his professional brethren, who loved him not less for himself than for his superior abilities, will sincerely mourn their loss, and keenly feel the absence of his cheery voice and kindly eye.

HITCHCOCK.

IN MEMORIAM—M. A. A. WOLFF, M. D.

Dr. M. A. A. Wolff, son of the grand rabbi of Copenhagen, died at midnight, Wednesday, September 30th, 1891, in the Homœopathic Hospital, at Kansas City, Mo., of vesico-rectal fistula complicated with stone in the bladder. He was for years a practicing physician, eminent in this school of medicine, and the author of several books in branches of which he made special study. He was a cultured man and a believer in the Jewish faith. A year and a half previously he was the subject of an unsuccessful operation in a St. Louis hospital.* He was brought to Kansas City for treatment, and for nearly half a year suffered excruciating agonies. Wednesday Rabbi Berkowitz spent much of the day at the dying man's bedside. The suffering of the man was so great that he was part of the time unconscious, but at one time when his mind was clear he told the rabbi that he was dying.

The Doctor's wife died years ago and he had no children. He was visited at the hospital by men of his faith, but they were strangers to him. On Friday, October 2d, after a simple service, he was buried with the rites of the Jewish faith.

*See THE HOMŒOPATHIC PHYSICIAN, 1890, pages 407, 501.

Dr. Wolff had been in this country several years. He spent some years in California, but of late called Gainesville, Texas, his home. He was sixty-three years old.

Dr. Wolff's father, whose ninetieth birthday was celebrated by all the nations of Europe last summer, is grand rabbi of Copenhagen. He is a man whose reputation is as wide as the world. At the time of his last birthday he was visited by the King of Denmark.

Dr. S. Mills Fowler, of Gainesville, Texas, writes of Dr. Wolff, "he was a skilled physician, a strict Hahnemannian, and an accurate and successful prescriber. He had been a great sufferer for years from cystic irritation and gravel and in his own person he had many times experienced the almost magical effects of the potentized simillimum."

IN MEMORIAM—P. P. WELLS, M. D.

At a meeting of the New York Homœopathic Union, held December 17th, 1891, the following resolutions were adopted :

WHEREAS, Dr. P. P. Wells, of Brooklyn, N. Y., departed this life November 23d, in his eighty-fourth year, and with him one of our best members and originators of the New York Homœopathic Union has been removed, therefore :

Resolved, That we acknowledge with pride and gratitude the great work of his scientific and practical labors in the homœopathic cause.

Resolved, That we lose in him a beloved and revered teacher and leader whose name will go down to the latest generations as one of the pioneers of Homœopathy in America.

Resolved, That in honor of his memory these resolutions be placed on the records of the Homœopathic Union and published in the homœopathic journals.

Resolved, That a copy of these resolutions be presented to the family of our deceased member as a token of our sympathy and respect.

B. FINCKE, M. D., *President*.

CLINICAL CASES.

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

(Clinical Bureau, I. H. A.)

CASE No. 1.—December 22d, 1890. Woman, plump and fair, aged nineteen; one month married; complained of severe cutting and pressing pains, worse by pressure, in left ovarian region. Leucorrhœa, constant, yellow, thick or thin. Last night took Dover's powder and hot drinks. Gave *Belladonna*²⁰⁰ every half-hour in solution until relieved. A few doses gave complete relief.

CASE No. 2.—WHOOPIING COUGH.—February 11th, 1891. Male child, aged five months, plump, fair. Analysis of symptoms as follows:

1. Crying during paroxysm of cough: Ant-t., Arn., Ars., Bell., Cham., Chin., Cina, Hep., Ip., Lyc., Sep., Sil., Samb., Verat.

2. Wakened by the cough: Bell., Hep., Sep., Sil.

3. Cough, with red face: Bell., Hep., Sil.

4. Cough, lachrymation: Hep., Sil.

5. Cough, salivation: Hep.

6. Cough, watery nasal discharge, appeared to call for remedies not in the above list. One dose of *Hepar*²⁰⁰ was given, followed by Placebo.

February 12th.—Cough, during the night, somewhat more frequent. Continued Placebo.

February 13th.—Cough about the same—is accompanied by rattling.

*Hepar*²⁰⁰, dose at once, and again at three P. M. next day. Continued Placebo.

February 16th, 17th, and 18th.—*Hepar*²⁰⁰ was given night and morning. On the 16th the cough was considerably more frequent, especially after midnight; on 17th, cough more frequent from half-past ten P. M. to two A. M.

February 19th.—Cough not so frequent nor so severe.

*Hepar*²⁰⁰, night.

February 21st.—Cough again worse after midnight.

*Hepa*²⁰⁰, night and morning.

February 23d.—1. Crying during the cough: Ant-t., Arn., Ars., Bell., Cham., Chin., *Cina.*, HEP., Ip., Lyc., Sep., Sil., Samb., Verat.

2. Wakened by the cough: Bell., Hep., Sep., Sil.

3. Red face during cough: Bell., Hep., Sil.

4. Coryza during cough: Bell., Sil.

5. Stiffness and rigidity of body during cough: Bell.

Belladonna²⁰⁰ was given night and morning until March 2d, when, there being a decided improvement, the Belladonna²⁰⁰ was given only at night until, March 5th, still further improvement showing itself, the Belladonna was given every other night, and the cough became less and less frequent, and in a few days disappeared.

The case was under treatment twenty-two days.

CASE NO. 3.—PNEUMONIA.—February 16th, 1891. Male child, aged two and one-half years, fair complexion, large head, very cross; objects to being looked at, spoken to, or touched.

At night, face red with thirst; waking up frightened.

Eyes dull; breathing hurried; cough—short, dry, with sweat on forehead. Auscultation showed crepitant râles at base of right lung, posteriorly.

Ant-t.²⁰⁰, dose, repeat night and morning, if necessary. A few doses cured.

CASE NO. 4.—PNEUMONIA.—Was called on June 2d, 1891, to see a boy, aged ten years and ten months old, of a leucophlegmatic constitution, with the following history: May 31st, appetite ravenous. June 1st, at six A. M., retching, followed by vomiting of a little green mucus.

In the evening was much worse; skin hot and very dry; lips and mouth dry; about midnight became very thirsty and called for ice.

June 2d.—Nausea, worse on raising the head; delirium; talking of things sticking in throat; wing-like motion of *alæ nasi*; moaning; cheeks deeply flushed; cough loose and hacking; bowels inclined to be costive; expectoration rust-colored; doesn't

wish to be touched or moved. Pulse, 136. Half-past five P. M., *Bryonia*²⁰⁰, in solution, every half-hour, until relieved.

June 3d.—Improvement set in nine P. M., yesterday. Half-past eleven A. M., no *Bryonia* since nine P. M., yesterday. Complaints of pain in head and pit of stomach. Gave one dose of *Bryonia*²⁰⁰. Half-past five P. M., headache distressing. Pulse, 120. *Bryonia*²⁰⁰, in solution, every half-hour for three doses.

June 4th.—So much better that I found him awaiting my visit with smiling face, and sitting up after a good night's rest. Pulse, 100. Placebo.

June 5th.—The improvement continues, a slight cough only remaining. *Bryonia*¹⁰⁰⁰, dose.

June 6th.—Cough about the same. *Bryonia*^{40m}, dose.

June 17th.—His mother called at the office to consult me about two other children, accordingly I pronounced above patient well. The above case was under treatment six days, and the pulse dropped from 136 to 100 in forty-eight hours.

CASE No. 5.—TONSILLITIS.—Girl, aged eleven, brown eyes, stout. Throat very sore; worse when swallowing solid food, the pain extending to the right ear; tonsils swollen; very red; tenderness of neck; greenish mucus adheres to posterior wall of pharynx, and it is impossible to expectorate, exciting cough.

Apis and *Kali-bichromicum* both have "pain extending to the ears when swallowing" and tenderness of the neck, but the pain was greater and the swelling less than we find in the *Apis* case, and these facts, with the presence of the *tenacious* mucus, decided in favor of *Kali-bichromicum*, which was given *night and morning* in the 200th potency, and in *twenty-four hours* the improvement was very great and the mucus had almost disappeared, and the patient was continued on a *Placebo*.

CASE No. 6.—Woman, aged thirty; light complexion; leucophlegmatic; pregnant five months.

Before marriage was subject to coldness and numbness of the hands at night.

Present symptoms for two or three weeks:

Hands: sensation in daytime as if half dead, stiff and scalded; at night, heat and burning, worse in the right, with swelling

and bursting and severe aching pains, which woke her at two A. M., lasting two hours. The pains extend to the axilla, being always worse on the right side. Sometimes is compelled to rise from bed and walk the floor for relief.

Micturition frequent, with painful bearing down in uterine region and burning in the urethra.

Has applied turpentine to the hands.

After being under my treatment for about a month without relief, she informed me that a short time before the present symptoms came on, she had been *washing lime from the walls and floor*. The hands are *worse* after putting them into hot or cold water; also at night; while ironing (from the heat of the iron); and *much worse from letting the hands hang down*.

She now received one dose of *Calc-c.*²⁰⁰.

A week after there was a decided improvement, but toothache, with alveolar abscess in right upper jaw, with exquisite soreness, pain extending to eyes and ears and sore throat, worse right side, imperatively demanded Belladonna, which was given in the 200th potency, in solution, every half-hour, until relieved.

The following week reported that the abscess discharged on the way home, and the pain speedily disappeared. The hands are improving. One dose of *Calc-c.*⁵⁰⁰.

Another week passed, and I had a letter from the patient's husband as follows:

"My wife desires me to say that she has so far recovered as to be able to get along without further medical aid. Thanking you for the interest you have taken in her case," etc.

Three weeks later the patient was still improving, the hands being all right.

CASE No. 7.—November 4th, 1879.—Woman, aged, forty, single, tall, of dark complexion, seven weeks ago, while carrying a child in the arms, *fell on the left knee*.

For ten days she has had a large fluctuating swelling over the left patella, with pains in the limb.

*Sticta-pulmonaria*³⁰ night and morning.

November 15th.—The pains have disappeared; otherwise the symptoms remain as before.

Sticta-pulmonaria²⁰⁰ at night for a week.

November 25th.—Patient reports that the swelling began to decrease on the 19th, and by the 21st had altogether disappeared.

In Hering's *Condensed Materia Medica* we read, under Sticta-pulmonaria, "Bursitis, especially about the knee."

She afterward informed me that several well-known allopathic surgeons had proposed to "operate" on the knee. Old-school authorities recommend "rest," with or without "cooling" lotions. In more chronic cases, *pressure* with large sponge, wetted and bound on tightly with a roller, *and rest*; blisters; the external application of tincture of iodine; long open incisions, followed by *complete rest* for one or two weeks, *and warm fomentations* or *poultices*. In case the sac doesn't granulate and close up, injections of tincture of iodine, carbolic acid, or other stimulants. For large and old bursæ, excision.

COFFEA-CRUDA IN ENURESIS.

J. C. WHITE, M. D., PORTCHESTER, NEW YORK.

Mrs. W., aged thirty, one child ten months old, has had enuresis three years. Had been treated by several so-called "regulars" during this period. After some experience in treating her, each one in turn had informed her that there was no remedy for her but to have the "bladder forcibly distended with the hot water douche each day, until it was stretched to its normal dimensions. That the walls of the bladder were so thickened and contracted." This trouble had developed gradually and without apparent cause; continued through and subsequent to pregnancy without change of symptom.

She complained of a slight distress in region of bladder; no other symptom but the urgent necessity to void the urine as soon as two or three teaspoonfuls accumulated. The urine was normal. She was well nourished, and in every other respect seemed a perfectly healthy woman.

I was disappointed to find that not Petroleum nor any of the several remedies I used during a period of two years had relieved her in the least.

Rest or position made no difference in her symptoms.

She had had her os uteri lacerated to the extent of an inch in her confinement ; the uterus hanging a little lower than normal, but did not infringe upon the bladder ; neither was there retroversion.

I, however, operated on the cervix. The repair was perfect, and no change of symptoms.

Eight months after the operation she became pregnant, the vesical irritation continuing throughout the period.

Three days after her confinement she complained of insomnia in such a manner as to suggest Coffea. I placed a dose of the 3d on her tongue ; left another to be taken at night, if needed. The effect was charming ; said she had not been obliged to rise so often ; that she could go two hours without voiding urine.

Two weeks after, the husband called for more of those powders, saying the bladder trouble was returning. I gave him six more powders, 3d, as it was the only preparation I had. The other dose acting so well I desired to test it further.

I have not heard from her trouble since, except that she now goes seven hours without inconvenience and voids as much urine at a time as ever.

She had never complained of insomnia before or any other symptom to suggest Coffea to me.

I mention this case as never in all my reading or clinical experience has this remedy suggested itself to me for urinary trouble. The only symptom in Hering is: "Urine frequent and copious."

Dr. T. F. Allen's *Hand-book of Materia Medica* says: "Pressure upon bladder, obliging him to urinate ; frequent urging in morning but micturition scanty and in drops ; frequent micturition ; burning, tearing in fore part of the urethra. Urine copious about midnight with relaxation of genitals ; urine scanty ; urine blood red."

Pressure upon the bladder, and later soreness over the vesical region, with urgent desire because of the smallest quantity of urine were the only tangible symptoms in this case. The cure was incidental if not accidental. This experience led me to the

relief if not the cure of another case, where the erethism of nervous system was prominent, together with the *pressure upon the bladder*. The latter symptom is more like that of *Caladium*, I think, than of any other drug.

A lady suffering severely from dysmenorrhœa was promptly relieved by *Coffea*. The pains were paroxysmal; pressing, bearing-down pains limited to hypogastric region with frequent micturition. The flow was intermittent, profuse, and contained pieces of hard-pressed coagulated fibroid. The neck of the uterus was flexed anteriorily; her menses had been postponed two weeks at this time. Had formerly anticipated pain in back; better by lying. She will require *Helonias* to cure, *Sepia* having failed.

Neither of the above cases had the mental anguish or fear of death which text-books point out as a distinguishing feature of the drug. The urine symptoms under *Coffea* should contain: *Pressing pain with or without soreness over vesical region. Frequent micturition of normal urine; very irritable bladder, can contain but a spoonful of urine without urgent necessity to void it.*

BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

ORDER 37.—UMBELLIFERÆ. (CONTINUED.)

Cicuta virosa (Cowbane, Water Hemlock).—This plant does not appear to have been much used in medicine; probably on account of the danger in taking so active a poison. There is no question that it is a marvelous medicine in diseases of a spasmodic character, and thanks to the provings of the plant and its consequent introduction into the homœopathic materia medica, many extraordinary cures of epilepsy have been made. I remember a case of a woman I attended some years ago, who was in apparently good health, when she suddenly fell down in a violent fit of epilepsy, with tonic and clonic spasms of the whole body, at one time fighting in the most furious manner, and then every fibre set fast like steel; perfect insensibility for

six hours in spite of everything that was done by myself and others. While sitting by her side she suddenly began to shake and jerk one arm. This made me think of *Cicuta*. I immediately dropped a few drops of a low tincture between her teeth. About four decimal strength I believe it was. The result was magical. In ten minutes she completely recovered sensibility. She had no other medicine after this, and has never had another attack to this date.

In England this plant is both local and scarce, and it often confounded with *Ænanthe crocata* and *Ænanthe phellandrium* by ignorant collectors. It is said to lose much of its medicinal activity when dried, therefore the tincture should be made from the freshly gathered roots or plant.

This drug produces violent spasms of almost every part of the body. Spasms and swelling of the tongue, spasms of throat on swallowing, startings, jerkings, twitchings, tremblings, etc., spasms of the jaw, involuntary urination, convulsions, violent and exhausting spasms of the muscles of the neck; spasms of the back, drawing the back backward like an arch, complete loss of power, contortion of the limbs, jerking, staggering, tetanic stiffness of back and legs, and a host of other similar symptoms.

Apium graveolens (Wild Celery).—Common in marshes and ditches, especially near the sea. The plant is acrid and poisonous, but when cultivated it loses its poisonous properties, and is eaten as a salad. It has been used as a diuretic, and for gravel, also in jaundice and obstruction of the liver and spleen, and for colic. There is some proving in Allen's *Materia Medica*.

Apium petroselinum, *Petroselinum sativum* (Common Parsley).—This plant is a native of Sardinia, but is quite naturalized in our gardens. Apiol lately come into use as an emmenagogue is obtained from it. The juice of this plant has been used with some success in allopathy against ague; also as a remedy for ring-worm. The root is aperient and diuretic, and has been employed in nephritic pains and obstruction of urine. Allen's *Materia Medica* has some proving.

Egopodium podagraria (Gout Weed).—The root and leaves of this very common English plant have been used externally in all kinds of pains, sciatic and other nerve pains. The plant has obtained its name from its singular efficacy against the pains of gout, but I need not say that external applications for relieving the pain of gout are also singularly dangerous, and I know of valuable lives that have been lost within an hour by such unscientific practice. Probably by proving the plant we should find that it is homœopathic to gouty pains, and if so an infinitesimal quantity taken internally would safely and effectually remove the trouble.

Carum carvi (The Caraway Seed).—This plant is cultivated in boxes, and is found wild in other parts. Although not strictly British the caraway seed is mentioned in works of English botany. The seeds are used as condiments and contain a volatile oil. The plant obtains its name from Caria, a province in Asia, where it grows abundantly. The seeds are carminative, cordial, and stomachic and are used in dyspepsia, flatulencies, hysterical and hypochondriacal disorders. There is no proving.

Pimpinella Saxifraga (Barnet Saxifraga).—This plant at one time had a place in the Edinburgh Pharmacopœia, and was used as a diuretic, and against gravel. German physicians have used it in removing tumors and obstruction of glands and in cutaneous diseases; also in paralysis of tongue. There is no proving.

Ceanothe crocata (Water Dropwort).—This plant does not appear to have been much used in medicine until it was introduced into homœopathic practice. Many lives have been lost by ignorant people mistaking it for parsnips, etc. Cattle also are frequently poisoned by eating it. The proving of the drug shows that it is a medicine that produces all kinds of convulsive spasms like epilepsy, tetanus, spasms, with loss of consciousness, foaming at the mouth. Many wonderful cures of epilepsy and other convulsions have been made with this valuable drug. There is a short proving in Hering's *Guiding Symptoms*.

Ceanothe phellandrium (Fine-leaved Water Hemlock).—Known in the homœopathic materia medica as *Phellandrium*

aquaticum. This is not a very common plant in this country, and moreover it is very local. Horses are said to have become paralyzed after eating it, owing it is believed to a small beetle that lives on it belonging to the *Curculionidæ* and called *Lixus paraplecticus*. The seeds of *Phellandrium* were said by Pliny to be efficacious in calculous complaints, and other disorders of the bladder, it also is diuretic and emmenagogue, it has been successfully employed in the treatment of wounds and inveterate ulcers, and even in cancer, in phthisis, asthma, dyspepsia, and intermittent fevers. There is some proving of the symptoms in Hering's *Guiding Symptoms*. It causes urging to urinate with scanty discharge, hence its power to act as a diuretic. It produces, and is therefore homœopathic to pains in the nipple of an intolerable severity, great pains in the breast, sore nipple, with purulent discharge, loss of strength, with mental distress and spells of hysterical weeping, with painful stitches under the breast; also continuous cough for an hour or more, accompanied with shortness of breath and prostration, cough dry, with suffocation, frequent easy expectoration, spasmodic cough, with emaciation, bronchial cough, loss of appetite, sleeplessness, swelling of the hands, profuse sweat, diarrhœa, vomiting, copious, purulent sputa, emaciation. This drug has been used homœopathically with success in phthisis; also in last stages, when expectoration has become terribly offensive. It produces chills every third day at four P. M., continuing one hour, and preceded by severe rheumatic pains in the arms, fever and sweat lasting two hours, followed by violent headache, nausea, and stitching pains in the feet; generally the day after these symptoms entire inability to urinate.

FACTS, NOT THEORIES.

I. DEVER, M. D., CLINTON, N. Y.

(Bureau of Homœopathic Philosophy, I. H. A.)

Facts are stubborn things which though for a time may be kept in the background or wholly ignored, they will nevertheless remain unchanged by time. They remain the same stubborn things.

Less than four hundred years have elapsed since Ambrose Paré discovered the fact that boiling oil and the actual cautery were unnecessary remedies in the treatment of gunshot wounds, a practice which existed previous to his advent as a surgeon, and had been regarded as necessary on account of the supposed poisonous nature of the wound.

The same author demonstrated the fact that the ends of bleeding vessels could be ligated and should not be subject to the red-hot iron. Not until 1619 did the medical profession learn the fact, and then slowly, which Harvey taught them in regard to the circulation of the blood.

In 1790, Hahnemann discovered that a drug produces upon a healthy man the very symptoms which it was expected to cure upon the sick, which fact suggested the idea of *Similia similibus curantur*, or Homœopathy, which is a systematic arrangement of facts that can be demonstrated in daily practice, at the bedside of the sick, which fact fully establishes its claim as a science.

The law which governs the science of Homœopathy partakes somewhat of the nature of the Great Law-Giver, for it is a jealous law and demands strict obedience on the part of those who seek its kindly helping hand in restoring the sick to health.

The formula *Similia similibus curantur* is fraught with meaning to the Hahnemannian who never forgets that similars, and only similars should be expected to cure.

Neither does he forget that "the sole duty of the physician is to restore health in a mild, prompt, and durable manner, and that it does not pertain to the office of the physician to invent systems or vainly attempt to account for the morbid phenomena in disease." We are evidently not called on to invent theory which has no part as a therapeutic measure in restoring health to the sick—theory always taking second place to fact—but it is our duty and privilege to study the complex changes which take place in the system necessary to convert abnormal vital action into a state of health.

It is highly necessary that the homœopathist should understand the law of similars and understandingly make the application. It will not do to repeat the formula and then prescribe

all manner of medicine in the name of Homœopathy, for the law of similars is a perfect law governing homœopathic therapeutics which admits of no mixtures of medicines.

Neither does it prescribe medicine which has not first been proven on the healthy, that we as physicians may know their sick-producing properties, and when to prescribe them for the cure of the sick.

No medicine is homœopathic (it matters not how high or low the attenuation may be) if it does not present in its disease-producing symptoms a picture which is the counterpart of the abnormal action for which it is prescribed.

This is a rule of action which does not admit of an exception. We are likewise admonished to use only simple single medicines for the cure of the sick. By simple medicine we understand that we are to be governed by the provings, and in no case to resort to two or more remedies, as I have known professed homœopaths to do. One remedy for the headache and one for the sore throat in La Grippe.

Homœopathy teaches the fact that, though the remedy may be selected with reference to its homœopathic indications, much depends on the administration of the same, and it admonishes the practitioner not to administer the remedy too strong if he would not defeat the object for which he is supposed to prescribe. Another fact which presents itself for our consideration in this connection is that the judicious prescriber is slow to repeat a well-selected remedy, fearing that if often repeated he may convert good into evil by so burdening the vital forces that he will not only fail to cure the sickness, but may even place the life of his patient in jeopardy. This is a principle well established in Homœopathy, which is sustained by every member of the homœopathic profession who has placed himself in position to observe this important fact.

Why this is so we will not attempt to explain, as we are here only to deal with fact established on the experience of the multitude of practitioners who are not blind to those silent forces in nature, which, in fact, are not confined to medicine, but are the unseen forces which control the universe.

That the homœopathic remedy well selected in regard to the adaptability of the patient will cause the vital forces to act in opposition to it for days, weeks, and months is a fact which cannot be explained away by any hypothesis which can be invented. Like the minimum dose, whose efficiency is well attested by hundreds who have seen it act, and have put it to the practical test, it stands a fact which cannot be refuted by any number of witnesses who have never seen it, nor ever put it to the practical test for the cure of disease.

Homœopathy rests on the firm foundation of fact, nevertheless it is sustained by theory in explanation of the fact, differing, however, in this respect from those systems of medicine which offer and accept theory regardless of fact. But we are not inclined to talk about our neighbors, and would pass them by unnoticed were it not for their extravagant claims to a science which they never possessed, an example of which may be found in the late lymph theory. To Homœopathy belongs the credit of first preparing the remedy, and to Homœopathy represented by Dr. J. A. Biegler, of Rochester, N. Y., belongs the first reported case which dates back to 1878. (See report in March number *Medical Advance*, page 132, which is an extract from the *Organon*, 1879.) The remarkable fact in reference to this report is, that notwithstanding the remedy was not one in general use, Dr. Biegler, governed by the law of similars, knew just how to make the application of Tuberculinum for the cure of tubercular meningitis.

This case was not phenomenal, but was the result of a close application of the principles to which we as an organization subscribe.

Another fact which presents itself in this case is the care with which the prescription was made by Dr. Biegler, who tells us it was after careful study that he gave a highly attenuated dose of this remedy, which from present indication will soon be abandoned by our step-brothers, who, though they have stumbled on a good remedy are destitute of a law, and do not know how to prescribe it. They have theory, but we have the fact.

DETACHMENT OF THE RETINA.

Read before the New York Homœopathic County Medical Society.

CLARENCE C. HOWARD, M. D., NEW YORK, N. Y.

MR. PRESIDENT, LADIES AND GENTLEMEN :

The following case came under my care April 20th, 1888. It presents so many features of interest because of its rarity of occurrence and the depleted condition of the patient, together with the fact that the condition had existed over two weeks under regular (?) treatment, I present it for your consideration. Mr. V., aged about fifty, given to habitual periods of intemperance for over thirty years; suffering from a chronic parenchymatous nephritis. Some years previously had a hemorrhage into the vitreous humor of the left eye, leaving a large patch of atrophy of the choroid and retina, and opacities of the vitreous which had in a measure interfered with the vision of that eye by producing a scotoma. While on a protracted debauch, having had several violent attacks of vomiting and retching, was suddenly seized with partial blindness of the right eye. The field of vision was restricted to a very small compass upward and outward; downward and inward, there was absolute loss of sight. Dr. Deady was called in consultation and diagnosed the detachment of the retina. An examination by the ophthalmoscope revealed the opaque gray folds of the retina quivering and trembling with every motion of the eye, the vessels were tortuous.

On this condition and symptoms, I prescribed Gelsem.^{1M} one dose, and ordered the patient to bed, requiring him to lie flat on his back, with his head on a very small pillow, with particular instructions that he should make no muscular efforts whatsoever. Enemas of hot water were given to move the bowels, which were evacuated in a bed-pan, the urine being voided into a urinal. His diet consisted of milk and wheatena from the Health Food Company, the juice of beef and at intervals fruit, such as baked apples, oranges, etc. At the end of the first week the field of vision was very much extended and the ophthalmoscope showed a larger attached portion of the retina.

This improvement continued, and in six weeks the sight was normal. He was gradually allowed to resume the erect position, he first having been cautioned against any muscular exertion, and the use of the eye, which was positively forbidden. His sight remained perfect until the 3d of August, when without any apparent cause there was a recurrence of his trouble, but not to the extent of the first. He was again placed in the recumbent position and the same diet and precautions used as in the first instance, and one more dose of Gelsem.^{1M} administered with, if anything, a more rapid recovery than in the first place.

On the 16th of August he complained of floating particles of black specks before the eye. Dr. Deady made another examination and found that a hemorrhage had taken place into the vitreous humor.

Kali-hyd.²⁰⁰, one dose, was prescribed for this condition, with speedy relief.

The sight became normal and a careful examination by the ophthalmoscope revealed no lesions, the blood had been completely absorbed. The field of vision was perfect, the only remaining symptom was a peculiar condition of the sight, all objects appearing smaller. On this symptom and the mental condition Platina^{45M} was given on September 14th, which brought about a perfectly natural and healthy condition of the eye.

It is a fact well worth mentioning that this worthy gentleman has been on no less than six drunken sprees in the interim without any recurrence of this trouble.

CAN THERE BE DRUG ACTION WITHOUT DRUG PRESENCE?

(Transactions of I. H. A., Session of Tuesday evening, June 23d, 1891.)

Dr. Rushmore having read a paper bearing the above title, the following discussion followed.

Dr. Fincke—The very finest and most delicate experiments that have been made by means of the spectroscope do not show anything higher than the eleventh or twelfth potency, but what

is that against our 1M or our 1MM as long as we can watch and have positive evidence of the action of the same on the human organism, and for this reason I beg of you all to stand up for our homœopathic science. We are far beyond the commonly received science, and why should we not take the advanced position that belongs to us and to which we are entitled by the careful experiments of nearly a hundred years.

Dr. Biegler—It seems from the paper that we must still have matter in a potency to have any force in it ; or, in other words, there can be no force without some of the original matter being present.

Now I cannot believe that in the CM, for instance, there is any of the original substance left. I feel quite sure that the force is in existence, and that we administer not matter but force, and that we deal in forces. We are not using sledge hammers. I can believe that force exists without matter because I cannot conceive how force can be destroyed.

Dr. Cowley—I should like to ask Dr. Biegler why he cannot conceive of any matter being in the CM potency. I should like to hear his reasons.

Dr. Biegler—I do not deny the possibility of matter being in that potency, I merely say that my mind cannot comprehend how matter can exist in such a degree of attenuation ; it seems to me it must become dissipated. The matter may pass away but the force never.

Dr. Fincke—The burden of the proof does not lie on us. If matter is present it cannot be found out by any method of analysis. The chemists are all uniform in the claim that there is a limit to the divisibility of matter, and hence, if we pass beyond that limit in our potentiation, we must leave the matter behind. We cannot apply the force present in drugs hampered by the crude matter ; which serves as the vehicle of force, not as its originator.

Hence you can see how the question of potency is inseparably attached to the main question of Homœopathy, and how important it is to cultivate the idea of the potencies.

Dr. Biegler—I do not wish to be understood as saying that

we administer force without matter, but that we administer force without the matter that originally contained it.

Dr. Cowley—The claim of the chemists that there is a limit to the divisibility of matter is an assumption and nothing more. Might we not as well reconstruct the scientific theories of the day since we have more light than the mere materialists? Force is inherent in matter and cannot be separated from it. As one substance differs from another, so do the inherent forces differ. Each force requires its own peculiar vehicle, and will not inhere in any other. Hence, however attenuated, there must be particles of the original substance in the potency or else the force of that substance will not be there; it cannot be transferred to the milk sugar, for milk sugar cannot possibly be a vehicle for all drug forces. A potency can have no action unless there is drug presence.

Dr. Biegler—In the administration of remedies, the force of the remedy does not act on the material body but on the vital force, and I think that idea renders the assumption of drug presence unnecessary.

Dr. Wesselhøft—It seems to me that this is a matter that we cannot know much about, but we can and do know that the 1M potency acts. We cannot demonstrate how, it is one of the impossibilities. We did not know and could not demonstrate that there was any matter in the 11th potency before the use of the spectroscope. It makes no difference to me whether the presence of matter can be demonstrated or not, I am perfectly well satisfied of their action.

Dr. Rushmore—We must proceed according to certain forms. Can any one conceive of a formless force? No one can think of a force apart from some form, for the imagination will instantly clothe the idea with a form. Every force must have an appropriate form to act upon, for without that it is nothing. If the force in the potency has its form, can there be a form without the presence of the drug?

Dr. Stow—For the purpose of recreation I took a street-car ride, in Utica, and while riding I got to thinking about the wonderful force that propelled the car. It seemed to me that that

was an illustration of the fact that force may exist apart from any material substance, and perform its work.

We can have no conception of the amount of matter in the CM potency ; it is beyond human ideas and so is its form ; but it is within the reach of a human being when applied to a deranged vitality. In other words, it is a force working apart from matter. But this question is abstract ; we all agree on the curative effect of our medicines, let us not be divided because we cannot agree on the nature of spirit and matter.

Dr. Custis—No doubt we all can agree that power does exist in the potencies, but it seems to me that we cannot employ our time better than in discussing and studying these fundamental questions. I believe that force like matter is absolutely indestructible, and co-exists with matter. The germ of the oak is in the acorn, and the force there present is sufficient to draw together the atoms of carbon, oxygen, and hydrogen, and to arrange them into the form of a tree a hundred thousand times larger than the original kernel. Neither the microscope nor the spectroscope can find the germ in the acorn and yet it must be there.

AN OPEN LETTER TO WHOM IT MAY CONCERN.

BY THE MONOCRAT OF THE DINNER-TABLE.

Many persons, apparently intelligent, and even many homœopathic physicians of claimed intelligence and known ability, have a brain so constituted that they cannot accept the idea of the efficacy and curative range of high potencies, or even that such potencies ever have any effect either for good or ill upon the human system or any other animal economy. With such knowledge of many of my *confrères* and of the world at large, I cannot refrain from asking them to explain the following statement, which is a provable verity :

I live in a tropical country that is infested with ants of all sizes, colors, and descriptions. Some of them are very destructive, mastering everything except iron, steel, and two or three varieties of hard wood—even killing full-grown trees.

Others are an intolerable nuisance in the house, such as the extremely minute "sugar" ant, the small red ant, and the medium-sized, but war-like, black ant.

Four years ago I moved into my present abode, and upon a two and a half by four feet varnished mahogany table I placed my fifteen by twenty-inch black walnut case, holding one hundred and fifty half-ounce vials of homeopathic medicines, the majority of which contained thirtieth potencies in the form of pellets, small, number eight. For very many weeks I was greatly annoyed by the "sugar" ants and the red ants, which literally swarmed among my medicines. After a time they all disappeared. In about eight or nine months I had occasion to prescribe my *Berberis-vulgaris*, when to my amazement the bottle was *totally empty*, whereas when I placed the case upon the table that bottle was seven-eighths full of number eight pellets of *Berberis-vulgaris* in thirtieth potency. Examination revealed that the ants had found a small hole in the side of the cork in which they burrowed until they came against the neck of the bottle, thence downward along the side of the cork and into the vial. Through this avenue they had carried away every solitary pellet, but even then must have carried it in pieces. Then it was that I judged that the pains of *Berberis*, and not respect for my wishes, had sent them *en masse* to happy hunting grounds, where creeds and pathies are not known. But, like all great discoverers, I allowed my discovery to sleep, and noted it not.

In another room, at the other end of the house, in a deep window-sill stands an earthen water-jug, or *porron*. For four years, almost daily, the tea-pot spout of this jug would be alive with red ants, which would follow into the glass on pouring.

The surface of the water in the jug would also show numerous little islands of red ants, locked together and floating. And, if the glass which was used for drinking was placed back upon the tray, it would speedily be filled with myriads of "sugar" ants, which are so minute as to be almost invisible save on glass or on something white. I tried various expedients of soap and water, insect powder, naphthaline, and scalding with

hot water, on the window-sill and on their run-ways, but to no purpose, when finally, several weeks ago,

A little bird whispered to me!
And said, "Young man, use the B-V.!"

I quickly took the hint, put half a teaspoonful of my new stock of pellets of *Berberis-vulgaris* thirtieth into a small glass dish, moistened with water and placed in the window-sill near the water-jug. The "sugar" and red ants were delighted, and I looked on for nearly three days with much scientific interest. Then the ants lost HEART, I lost interest, and there was no longer anything to look at save the empty glass dish and the now respected water-jug, for the ants ceased to come, have not come since. I no longer drink ants, and for nearly four years they have not come on my medicine table. WHY?

KINGSTON, JAMAICA, September 10th, 1891.

A SYMPTOM OF ARSENICUM.

ELLA M. TUTTLE, M. D., NEW BERLIN, N. Y.

I wish to say a few words in regard to a symptom of Ars., upon which it seems to me sufficient stress is not laid. I have found it as much of a keynote for that remedy as "frequent thirst for small quantities of water," or "burning relieved by heat." I refer to the symptom, "pains like hot needles piercing." It has often led me to Ars. as a remedy, when otherwise I would have been very much in doubt. Let me give one case in illustration:

Mrs. —, aged seventy-six, naturally very bright and active. For two years had been afflicted with an ulcer over the outer malleolus of each ankle. These had been healed several times by her allopathic physician, but each time would soon open again. When I first saw her the ulcers were each about the size of a silver dollar, and the entire ankle on the left foot was red and angry looking. The chief thing that she complained of during the day was the stiffness of the ankle joints, but at night, when she became warm in bed, there was almost intolerable

itching of the skin around the ulcers, momentarily relieved by scratching, sometimes relieved by hot applications, sometimes by cold. The base of the ulcer was red and raw-looking, and there was a slight watery discharge. Her general health was good. I gave her Merc.³⁰, but with no relief. At my next call I obtained no further light on the case till, just as I was leaving, she mentioned that there was occasionally a little pain in the ankles "like hot needles sticking through them." How many times we get our most valuable symptom after we have started to go. Well, I had seen that symptom mentioned in THE HOMOEOPATHIC PHYSICIAN as an indication for Arsenicum, so I gave her that remedy. To my delight she began to improve from that time, the pains disappeared, the inflammation subsided, and the ulcers slowly healed. This was over a year ago, and as there has been no return of the ulcers, I think that I am safe in pronouncing it a cure. I gave one dose of Arsenicum a week using the 30th dil. at first, and afterward the 200th.

FEARFUL AGGRAVATION CAUSED BY LAUROCERASUS²⁰⁰.

GEORGE WIGG, M. D., EAST PORTLAND, OREGON.

Miss May S., aged seven years, had been troubled for some time with an almost incessant cough. Many remedies had been given without any benefit resulting. When I saw the child it was my opinion that *Laurocerasus* was the remedy, so I put ten drops of the 200th potency into five tablespoonfuls of water, with instructions to take one teaspoonful every two hours when awake. This was at four P. M. After the fourth dose she fell asleep. At three A. M. she awoke in a very excitable condition. Her mother asked if "she had been dreaming," but her tongue was so stiff that she could not answer. All of a sudden she began to tremble all over as if in a chill. After about ten minutes she commenced to twitch and jerk. Her mother, thinking she was going into convulsions, sent for me. When I saw the child I certainly thought her in spasms. I asked if she was in pain, but owing to the tongue being thick or heavy, she could not

articulate. The mind was clear. Thinking that the remedy might be the cause of the rumpus, I gave her Camphor, and soon after a cup of coffee. She came out all right in a few hours. Four months after this I was at the house, when her mother said to me: "Doctor, is it not strange that May has not coughed since she was threatened with convulsions?" It is now ten months since the above took place, and that cough has not returned. Yet there was nothing in that potency? Oh! no! Neither is there anything in that wire overhead on yon street. Yet that wire broke, and the result was, a span of dead horses, a dead driver, and a singed tom-cat. Yet there was nothing in it? Oh! no!

THE OLDEST HOMŒOPATHIC PHYSICIAN.

WEST CHESTER, October 27th, 1891.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I notice in THE HOMŒOPATHIC PHYSICIAN the death of Dr. Lilienthal, and it is stated that he was the oldest living practitioner of Homœopathy in the U. S. If that means he was the oldest man practicing Homœopathy I think it is a mistake, for I think Dr. J. Stuart Leech, of Downington, who is a straight Hahnemannian, is in his eightieth year. He is a graduate of the Jefferson College of Philadelphia and practiced allopathy for nine years after graduation. He is in active practice.

Yours fraternally,

L. HOOPES.

AN ERROR IN THE LIPPE REPERTORY.

GAINESVILLE, TEXAS, Dec. 6th, 1891.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

Some time since I discovered something wrong with my copy of Lippe's *Repertory*, and of course it is the same in every other copy of the edition.

In chapter xxvi, "chest and heart," pp. 191 and 192. At the bottom of p. 191 is paragraph, "heart, palpitation of," end-

ing with "*Oleand.*" Then turn over to p. 192, at the bottom is paragraph, "heaviness (weight), sensation in chest," ending with "Ox-ac." Neither of these paragraphs is complete on the same page upon which it was begun. Now look at the top of p. 191 and there will be found the ending of both paragraphs.

I have give the two paragraphs some study and comparison, and have decided that the continuation of the paragraph on p. 191 is at the third line from top of p. 192, while the completion of the paragraph on the bottom of p. 192 is the true line at the top of the same page.

Will you please call the attention of the profession to the error, and if I am not right, let us try and find out what is.

Yours truly,

S. MILLS FOWLER.

BOOK NOTICES.

THE PHYSICIAN'S VISITING LIST FOR 1892. Philadelphia :
P. Blakiston, Son & Co., 1012 Walnut Street, Phila., Pa.

The present issue of this visiting list represents the forty-first year of its publication. The best recommendation that can be given it is that it is constantly used by the editor of this journal in his private practice. W. M. J.

NOTES AND NOTICES.

DR. CHAS. M. THOMAS, of 1623 Arch Street, Philadelphia, desires to announce to his professional friends, that he will in future relinquish his general surgical practice, and devote his entire attention to Diseases of the Eye and Ear.

This course he has felt himself obliged to take, as he finds it impossible to conduct both branches of practice, and do full justice to his patients and himself.

December, 1891.

DR. HORACE P. HOLMES has removed from Douglas Block to Rooms 201, 202, 203 of Boyd's New Theatre Building, Omaha, Nebraska.

DR. GEORGE H. CLARK, formerly associate editor of this journal, has removed from West Walnut Lane and Green Street to No. 4 West Walnut Lane, Germantown, Philadelphia.

Merc-corr., Mur-ac., Natr-mur., Nit-ac., Nux-v., Op., Par., Petrol., Phos., Phos-ac., Puls., Ran-scel., Rhus, Sabad., Sarsap., Scill., Sep., Sil., Spig., Spong., Staph., Stann., Sulph., Thuja, Verat., Zinc.

Before midnight.—Amm., Arg., Aur., Calad., Carbo-an., China, Mur-ac., Phos., Puls., Rhod., Sabad., Sulph., Verat.

About midnight.—Ars., Caust., Hepar, Sil., Stram.

After midnight.—Amm-mur., Ars., Bor., Calad., Canth., Caust., Cham., Cocc., Dros., Ferr., Kali, Laur., Nitr., Nux-v., Petr., Phos., Ran-scel., Rhus, Scill., Sulph., Thuja.

Daytime.—Alum., Ant-crud., Ant-tart., Asar., Dros., Hell., Hepar, Kali, Natr., Rhod., Sabin., Sil., Spig., Sulph-ac., Verat., Viola-od.

Recurring at the same hour.—*See ante.*

Evening, between four and eight o'clock.—Bov., Graph., Hell., Hepar, Lyc., Magn-mur.

Every fourteen days.—Ars., Calc., Chin., Puls.

Every year.—Ars., Carbo-veg., Lach., Sulph.

Having the *time* of the first appearance of the first element of the paroxysm, we may proceed to consider that element, ascertain its character, and give it its true place in the group of phenomena, the simillimum of which we are about to seek, and find if we may. We may find this chill, heat, or sweat, or some other fact indicative of the disturbance of function or functions of forces and organs, which may prove controlling factors in the choice of this simillimum. This other fact may precede either of the usual elements of the paroxysm, and be followed by either after an interval of time of greater or less extent. After this precedent fact, if there be such, then note the order of appearance and succession of the ordinary elements, and also their symmetry of proportion of duration, or want of this, as well as the symmetry of intenseness of development of each, or the want of this; and in this last case, which element preponderates in violence. Note, also, any departure from the usual order of succession of the elements of the paroxysm, and also if either of these predominate over the others in violence, or if either be wanting altogether, or be only feebly present.

If there be symptoms preceding either of the three usual elements of the paroxysm these are to have the first consideration, and the remedies in the record of which these are found are to be noted, and that one which has them, with the greater number of the later symptoms, is to be selected. If the paroxysm be initiated by either of the three usual elements of the fever, then this initial element is to be the starting-point in our search for the specific. If this be, as is oftener than otherwise, the chill, then this is to be questioned as to its intensity and duration, its predominance as compared with the other elements of the paroxysm, its simple or complex character (*i. e.*, mixed with the heat or sweat). If complex, the character of this—*i. e.*, is the chill and heat, or sweat concomitant or alternating? Is the heat so mixed general or partial? Is it internal or external? Is it actual heat or only a sensation of heat? If partial, what are the parts so affected? If the combination be with the sweat, the inquiry is similar. Is the sweat general or partial? If partial, on what parts? Is the sweat hot or cold, profuse or but slight? Are the chill and the sweat concomitant, or alternating? If there be any peculiar phenomena developed with the sweat they are to be carefully noted. If the chill be mixed with both the other elements at the same time, then which of them is predominant, and if they are in alternation with each other, in what order of succession do they appear?

Chill predominant.—The remedies most strongly characterized by this fact are Acon., Agar., Alum., Amm-mur., Anac., Ant-crud., Ant-tart., Apis, Arn., Ars., Asaf., Asar., Aur., Bar., Bell., Bor., Bov., Brom., Bry., Calad., Calc., Camph., Cann., Canth., Caps., Carbo-an., Carbo-veg., Caust., Chel., Chin. Cic., Cina, Cocc., Coleh., Coloc., Con., Creos., Croc., Cupr., Cycl., Dig., Dros., Dule., Euphorb.

If after this general following of details for the gathering of the totality of the symptoms of a case of ague, and this being secured and written down, that it may be kept as a whole in our view, and after comparing this view with the general hints we have given for the just differentiation of drugs related to the group we have gathered, there be doubt as to the specific for

the case, this must be resolved by reference to the repertory, contained in Boëninghausen's peerless work on fevers already referred to.* Beginning with the first division, that of the circulation, let him look for the remedy which has affected the circulation of probers in the manner most similar to its changed manifestations in the case to be prescribed for.† Treating the condition of the vessels, as to their fullness or anemic condition, in the general, or in individual parts of the organism; the pulse, as to its rapidity or slowness, fullness or emptiness, hardness or softness, and all the circumstances and conditions by which the pulse is affected in these or in any other ways; note sense of throbbing, or perceptible beating of arteries or veins, in general or in particular parts; note the action of the heart as to its violence or fullness, regularity or irregularity of its rhythm; the character of its beat—is it fluttering, intermittent, felt, audible, visible, trembling, etc., and also all circumstances and conditions by which these modifications of cardiac action are affected. Find the most similar facts in the repertory and note the drug which has produced them, and then pass to the second division.

The chill.‡—Is it general or partial? If partial, what are the parts affected? If it be of one side only, which side? Is the chill with shaking or shuddering, or with shivering or trembling? In what part did the chill first manifest itself, and in what direction did it progress from that point? By what circumstances or

* We had made considerable progress in translating the repertory as a constituent of this paper, before we saw a translation of the complete work by the very competent hand of Dr. Korndorfer, of Philadelphia. We have no hesitation in saying this work should be in possession of every homœopathic physician, who does not read the original, if he is ambitious of the best possible success in treating agues homœopathically. To such a practitioner the work is indispensable, and above all price. On a first view of this masterpiece let no one be repelled or discouraged by the great wealth of material here before him, but let all who will bring to it honest industry and perseverance be assured that by a very brief use of it in searches for specifics, the gained familiarity will make it in their hands a power for good which will leave them in no need of resort to Quinine to cover their imbecility.

† For these symptoms, see *ante*, p. 12.

‡ For concomitant symptoms of chill, see *ante*, p. 16.

conditions is the chill produced or aggravated? What time in the twenty-four hours does it attack? Is it at the same hour it re-appears, or does it anticipate this hour, or is it at a later hour? Note all the concomitants of the chill, such as pains, the parts in which these appear, their character, what aggravates or relieves them—thirst, if present, how does drinking affect the chill? Is it before, during, or after the chill? Does it call for cold or warm drinks? Does the patient drink much or little at a time? Note gastric symptoms, as nausea, vomiting, eructations, etc. How is the chill affected by external warmth? Is it aggravated or relieved, or simply not relieved? Note the effect of the chill on the organs of sense, as of the eyes, as moving of objects before the eyes, flames, flimmerings, photophobia, mists, cloudy vision, obscured vision, lost vision; trembling before the eyes. In the ears—pains, pressure, heat, redness, sensitive to noise, ringing sound, rushing, deafness, etc. Note the face, its color; red, pale, one-sided redness, heat, coldness, sweat, convulsions, distortion, etc. Of the mouth—burning, dryness, offensive smell, salivation, coated tongue, etc. Appetite—aversion to food, disgust for food, hunger, desire for beer, etc. Taste in mouth—bitter, insipid, putrid, metallic, salt, acid, sweet, etc. Eructations—vomiting, bitter, bloody, of food, acid, slimy, black, watery. Nausea and waterbrash.

Pains in stomach, liver, spleen, kidneys, hypogastrium, distention and coldness in abdomen.

Diarrhœa—painful or painless, constipation, urgency to stool, and tenesmus.

Urine—urgency, fruitless urgency, frequent urination, painful, seldom, involuntary, retention.

Sneezing, coryza, fluent coryza, dry coryza.

Affections of respiration—suffocating attacks, deep inspiration. Breath hot, cold; slow respiration, loud rattling, quick, sighing, irregular.

Cough—with expectoration, or without. Hoarseness.

Pains in chest. Sensation of warmth, heart throbbing.

Pains in shoulder-blades, shootings in back and loins.

Pains in upper extremities, dead hands, swollen veins, blue hands, heat of hands, dead fingers, heat of fingers, blue nails.

Pains in lower limbs, hips, thighs, knees, legs, feet dead, feet swollen, heat of feet, cold feet.

Bodily exhaustion, swelling of veins, nervous excitability, limbs asleep, carphologia, insensibility of limbs, clonic cramps, tonic cramps, paralysis, muscular weakness, jerking of muscles, fainting, tearing pains in muscles, ditto in joints, ditto in hands, trembling and stretching of limbs, heaviness of limbs, shootings in the joints, stiffness of joints, bodily restlessness, as if bruised, trembling sensation, internal jerkings, contractions of limbs.

Blue color of skin, burning of skin, in ulcers, itchings, shootings, contraction of skin.

Yawning, sleepiness, sleeplessness, starting with fright in sleep, sliding down in bed in sleep, murmuring, snoring, talking, groaning in sleep.

The phenomena between the chill and the heat, if any, are to be carefully noted and studied. Then those of the heat, in like detail and carefulness as those of the chill, are to be noted, and especially its characteristics, circumstances, and concomitants. (See *ante*, concomitants of heat, pages 19-22.)

So also of the phenomena between the heat and the perspiration, if any, and the phenomena and concomitants of the sweating. (See *ante*, concomitants of sweating, pages 24-25.)

In prescribing for ague, the physician is more, if possible, than in treating any other disease, to keep in mind the *absolute* necessity of his gathering the "totality of the symptoms," and comparing the record of his drug with this, and so ascertaining its similarity before he accepts it as his remedy. If its record have not this similarity, it is no remedy for his case, though it may have cured thousands of other cases which have been called by the same name. Names will not, here or elsewhere, be accepted as in any degree a basis for specific prescribing. And herein, let it be remembered, is one of the fundamental differences between the antique school and ours in methods of dealing with the sick. The old-school prescriber is first concerned to find a *name* for his case, which he calls diagnosis, and

then proceeds to give the drug which tradition or his own imagination has set up for its cure.

Not so the specific prescriber, and never so, when this, hitherto, opprobrium is before him to be cured. Let him, if he be honest and honestly emulous of such success as is possible—*i. e.*, of the best, get into his mind the “totality” of the morbid phenomena of the case before him, and that no part of this “totality” escape him, let him familiarize himself with the idea of its possible extent, as shown in the schedule of symptoms and concomitants given in this paper. He may find of them many or few in the case before him, how many or few he can only know after he has gone over the entire ground of the four divisions of the phenomena of ague as here they are gathered from living examples of this many-sided plague. Let him have no shrinking away from the multitude of possibilities he may encounter, but seize whatever of these may be before him, make them all his own, and then proceed with patience and courage to search for the simillimum of these in the record of drugs before him, and be assured if he does this manfully and habitually in this and all sicknesses the habit will soon convert even the tyro into the master, and his life-work will become a work of joyful successes, and even the most extended group of symptoms will cease to be to him a tangled “wilderness,” but rather under his hands will become an orderly range of facts, leading him by their light and their relations to the curative and the cure of this “plague of all diseases,” just as in any other form of sickness. Let him not once think of the *name*, when the question is of the remedy, but only of this, it may be in the beginning a seemingly endless group of symptoms to him, but by practical familiarity with this multitude it will by and by cease to confuse, and become the guides to the prescriber God’s law has ordained them to be. To cure ague by homœopathic means and methods is no more difficult than it is to cure other sicknesses by the same means and methods. The only difference is, there may be more facts requiring their simillimum in the curative, but this only gives to the master prescriber the greater certainty in his choice of his remedy, he

having faithfully performed his duty in gathering and using his indispensable "totality." It should be always remembered that obtaining this is by far the most difficult part of a cure. In comparison with this, finding the remedy is often a trifle. But, because difficult, is it therefore to be neglected? If any one be tempted to pass over this first duty lightly, and to content himself with something less than this totality, it should be evidence to himself that he has mistaken his calling, as it will be to all capable of honest and intelligent homœopathic practice that he can never realize the success this promises to those who are more capable and faithful.

The object of this paper has not been to do the work of others who may be called to attempt the cure of this fever, but only to point to such of them as may be willing to give to the duty the time and labor obedience to our law demands, the way in which the work is to be done by themselves. There are, and have been, many ways of dealing with this problem of cure. For example, by use of a so-called universal specific, Cinchona, or some one of its elementary principles. It has been already seen that this proceeding can be no better than any other base empiricism—*i. e.*, giving medicines to sick men without reference to any fundamental principle of relationship of drugs and diseases, by which these are made curatives of the others, and that by reason of the great number and variety of the facts involved in the problem which go to make up the case to be prescribed for.

The absurdity of this resort will be still more apparent if we consider the only possible principle of relationship of curative between drugs and sicknesses, must be either that of similarity or of dissimilarity. It is apparent at the first glance that no one drug can, in its action, be similar to so many and so various facts, and to the infinite variety in the combination of these facts as they are met in our practical dealings with this fever. The difficulty is not lessened if we contend rather for the dissimilar principle, but is rather increased, not only for the reasons which apply to the similar principle, but because many of these facts have no dissimilar or opposite principle, or fact pos-

sible. For example, the headache and vomiting, and many others. This failure of possible applicability of this principle to the treatment of this fever demonstrates another fact—that it is not one of nature's laws of cure. Her laws are of universal applicability as to all their intended objectives. And so we are left to the one and only possible law of relationship, so far as our present knowledge enables us to see, the law of the similars. It has been our object to show how one is to proceed, under its guidance, to find the specific for each case for himself. So far is this specific from being found in any *one* drug or nostrum, it may be the next dozen cases one may treat may be found each to require a different remedy. Many have said and believed, apparently, that they could not cure ague by homœopathic means and methods. The difficulty with such, we believe, has been their attempt to cure *ague* rather than their *patient*. They found the defining symptoms of ague. This gave them their diagnosis, and on this they proceeded to attempt a cure. They acted on the facts required for their diagnosis, and left out of their consideration those, and perhaps *all* those required by therapeutics, and of course the result was *failure*. But this was not homœopathic practice, but only an attempt to practice Homœopathy on *allopathic* principles, and this nearly always is more or less of failure. The attempt is too much like an effort to mingle light and darkness. *Success* in the treatment of this fever can only be realized by the use of the simillimum to the "*totality*" of the symptoms, and this, when used, knows no *failure*.

The simillimum having been found, and taking it for granted that the prescriber is ambitious of the best possible results from its administration, the question will arise, how shall he use it that these may the more certainly be secured?

The question involves the potency, time of its administration, repetition, and form and quantity of its dose. As to potency, there has been more written and spoken on this than has been characterized by knowledge of the facts or principles involved in the subject. And too often it has happened that the excited feeling evinced has been in the exact inverse ratio of this

knowledge. There is one rule, we believe, which may be accepted at the outset, and which, we think, dominates the selection of the potency. It is this : In direct ratio of the similarity of the recorded symptoms of the drug action, and those of the case to be cured, should the potency chosen be a *high* one—i. e., the greater the similarity the higher should be the potency. It is but a general rule, and there may be circumstances in the vital condition of the patient which may at times render the rule practically not beneficial. For instance, if the susceptibility of the patient to drug action be *extreme*, as it sometimes is, medium potencies may be found to give better results than extremely high ones, even though the similarity be great. This may not be just as those might anticipate who regard potentization as a process of reduction, each higher possessing less power to affect the organism than those below it. This is not the fact, and the fact demonstrates the dynamic nature of that in the drug which cures. There need be no hesitation in selecting a higher number because of the presence of circumstances or influences which are supposed to endanger the operation of the dose so that its legitimate results may be lost in consequence of them. It is a mistake to regard these as more liable to disturbance from such causes than are lower numbers. Indeed, just the reverse of this is true, as has been observed in many instances by most competent men. The error which once regarded these high numbers as more readily affected by disturbing influences than are the lower, grew out of the thought that the higher were weaker than the lower as to power to resist adverse influences, and weaker because of assumed less of drug *matter* in them. The exceptions to the rule given for the selection of the potency are rare, though they are occasionally met. It may be remarked, by the way, that *violence* of symptoms are no reason for a departure from the general rule. Violence of diseased action is just as certainly met by high as by low numbers, and not unfrequently their use is attended by a much better success. Let the thought be dismissed entirely and forever that *strong* and *weak* are in any way expressive of the difference between *low* and *high* potencies.

Then, as to the *time* of giving the remedy ? It should *not* be

given just before the expected return of the paroxysm, for the reason that, being an agent which acts on the organism in a similar direction and manner as the acting morbid cause, it will be liable to intensify the violence of the paroxysm, and the more accurately it has been selected—*i. e.*, the more accurately the likeness has been recognized and appreciated—which constitutes the medicine a curative. It should not be given *during* the paroxysm, for the same reasons.*

As has been already suggested, there may arise, occasionally, in paroxysms, such violence of some of their elements as to render interference with this a duty, but the remedy for this violence is not often the simillimum for the case, so that the exception to the rule as to time of giving this is more seeming than real. The time for giving the simillimum is immediately *after* the close of the paroxysm.†

Then as to *repetition* of the dose. The practice has been different with practitioners of more or less authority. Some of these, who have been most skillful and successful, have given, immediately after the paroxysm, one dose, either dry or dissolved, and have left this to do its work, not permitting interference with this by repetitions or doses of other medicines. If the prescriber can always be *sure* of his selected remedy being an exact simillimum of his case, this would, no doubt, be the best method of procedure. But can he always be *sure*? Is it quite certain that an exact simillimum for *every* case, in the present state of our knowledge, is possible, even to the search of the most skillful? He will be either bold or reckless who affirms this. It is not difficult to conceive of the possibility of a case existing where the variety of the combinations of elements so numerous has presented us a case so made up as that

* Since this sentence was written we have read a paper on the homœopathic treatment of this fever which directs the selected remedy to be given *during* the paroxysm. We have no doubt this is bad advice, and, if acted upon, will often lead to intenser suffering of the patient, and not unfrequently to a defeat of the cure.

† If the interval of intermission between the paroxysms be very short, so that necessary time for the development of the action of the dose is not present, it may be necessary to anticipate the complete termination of the paroxysm, and give the dose *before* the sweating has entirely passed off.

its perfect likeness is not found in any one of our numerous proved medicines. Indeed, it is possible that the best the average practitioner may be able to do for his case may be to find a proximate likeness for it, by reason of want of knowledge, or of absence from our *materia medica* of any drug which has a *perfect* likeness to the case in its record. From this state of things has come the practice of giving the selected medicine immediately after the paroxysm, and repeating the dose every two, three, or four hours during the period of intermission, and it cannot be denied that this method is often followed by success. Still, where there can be certainty that the *simillimum* has been found, there can be no doubt the single dose is the best. Then, if this be followed by another paroxysm, if this be less severe than its predecessor, or is apparently modified curatively in any way, it will be perfectly safe to leave the dose given to finish the work it is so clear it has successfully begun.

Then as to form of the dose—shall it be given dry or in solution? After many years of careful observation of the action of medicines given in both forms, we have come to the conclusion which favors giving medicines in solution rather than in the dry form. Dissolved, they seem to act more promptly and pervadingly.

Quantity, as predicated of the dose of the properly selected curative, it may be remembered that error in this is much more likely to be found on the side of too much than too little, and, more than this, that the error of a wrong selection can never be rectified or compensated by any increase of dose of the wrongly selected drug. Hahnemann was wholly right when he said the dose of the rightly selected, *i. e.*, homœopathic remedy, was to be the smallest possible. If we were to suggest an improvement on this, it would be that all ideas of *large* and *small*, as to the dose, be dismissed from the thoughts of the prescriber, as these can be of no possible service to him or his patient. Large and small can hardly be predicated of that which is wholly dynamic. And then, further, that violence of symptoms call only for greater care in selecting the curative, and never for more of the drug in which this is found.

PART II.—REPERTORY.

TRANSLATED FROM BENNINGHAUSEN.

REPERTORY OF THE COMBINATIONS OF THE ELEMENTS OF PAROXYSMS.

Beginning with Chill.

Chill then heat. Acon., Alum., Ant-tart., Arn., Bell., Carbo-v., Chin., Cina, Cycl., Dros., Graph., Hep., Hyos., Iod., Ign., Ipec., Lye., Magn., Natr., Natr-mur., Nux-v., Petr., Phos., Puls., Rhus, Sabad., Secale, Spig., Spong., Stram., Sulph., Valer. or Ambr., Amm., Amm-mur., Ant-c., Apis, Ars., Asar., Bar., Bor., Bry., Calc., Canth., Carbo-an., Caust., Cham., Coff., Creos., Croc., Dig., Dule., Guai., Hell., Kali, Lach., Laur., Mag-mur., Merc., Merc-corr., Nitr., Nit-ac., Nux-m., Op., Phos-ac., Scill., Sep., Staph., Thuja, Verat.

Chill, then sensation of heat. Merc-cyan., Sulph.

— — *heat in single parts.* Cycl.

— — *heat in face.* Ambr., Nux-v., Petr. or Acon., Chin., Creos., Cycl., Kali, Op., Stann.

— — *heat in the head.* Ipec.

— — *heat with thirst.* Acon., Bell., Hep., Puls., Rhus, or Bor., Chin., Dros., Merc., Secale, Spig., Sulph.

— — — *without thirst.* Spig. or Amm-mur., Bor., Canth., Cina, Coff., Nux-m., Phos-ac., Rhus, Sulph.

— — — *without sweat.* Sep.

— *with thirst, then heat.* Cina.

— — *then heat without thirst, then sweat.* Ign.

— — *then heat with thirst, then sweat.* Spong.

— *without thirst, then heat with thirst.* Petr.

— — *then heat with, then sweat without, then heat with thirst.* Ant-c.

— — *then heat without thirst.* Ars., Cycl., Dros., Hell., Phos-ac.

Chill, then heat, and thirst with both. Ant-c.

— *then heat, then chill with thirst.* Sulph.

— *then heat, then sweat.* Ars., Bry., Chin., Graph., Ign., Ipec., Lach., Natr-mur., Nux-v., Puls., Rhus, Sabad., Spong., Sulph., Verat. or Amm., Amm-mur., Apis, Bell., Bov., Caps., Carbo-an., Carbo-v., Caust., Cham., Cina, Coce., Dig., Dros., Hep., Kali, Lyc., Mag-mur., Natr., Nitr-ac., Op., Plumb., Sabin., Samb., Sep., Staph., Thuja.

Chill, then heat alternating with thirst, then sweat. Sabad.

— *then heat, then sweat with thirst.* Rhus.

— — *then sweat without thirst.* Amm-mur., Nitr-ac.

— — *then sour sweat.* Lyc.

— *then heat with sweat.* Acon., Bell., Cham., Chin., Nux-v., Op., Puls., Rhus, Sabad. or Ant-tart., Bry., Caps., Carbo-v., Cina, Dig., Graph., Hell., Hep., Ign., Kali, Mezer., Nitr-ac., Phos., Spig., Sulph.

— — *without sweat.* Graph., Natr-mur.

— — *with sweat on the face.* Alum.

— — *with internal chill, then heat and sweat.* Phos.

— *with, then heat without thirst.* Hep. or Nitr.

— — — *then sweat.* Kali.

— *with heat.* Acon., Arn., Ars., Bell., Calc., Cham., Coce., Coff., Dig., Hell., Ign., Merc., Mezer., Nitr-ac., Nux-v., Par., Petr., Plumb., Puls., Rhus, Scill., Sep., Spig., Sulph., Thuja, Verat, Zinc. or Alum., Amm., Anac., Ant-tart., Bar., Bov., Bry., Camph., Canth., Carbo-v., Chin., Cina, Colch., Coloc., Euphorb., Graph., Iod., Kali, Lach., Lyc., Mosch., Natr., Oleand., Phos., Phos-ac., Plat., Ran-bulb., Sabad., Samb., Selen., Sil., Spong., Vit.

— — *with external heat.* Anac., Arn., Ars., Bell., Calc., Coce., Coff., Dig., Hell., Ign., Laur., Merc., Nux-v., Ran-bulb., Scill., Sep., Sil., Thuja or Acon., Bry., Chin., Colch., Lach., Lyc., Merc., Mezer., Nitr., Phos., Plumb., Rheum., Selen., Sulph., Vit.

— — *with flying heat.* Puls. or Ars., Merc., Plat.

— *with internal heat.* Acon., Ars., Bry., Cham., Euphorb., Ign., Kali, Mezer., Mosch., Puls., Rhus, Scill., Sulph.,

Verat., Zinc. or Arn., Bell., Calc., Chel., Chin., Hell., Iod.,
Merc., Nitr-ac., Nux-v., Oleand., Phos-ac., Sabad., Secale,
Spong., Stann.

Chill, with internal heat, with sensation of heat. Oleand.

Chill with internal heat and thirst. Calc., Kali.

Chill with heat, both internal. Petr.

— *of single parts with heat of other parts.* Ign., Rhus or
Chin., Nux-v., Sabad.

— — *with heat without sweat.* Sulph.

— — — *with sweat.* Verat. or Nux-v.

— — — *then sweat.* Graph.

— *then sweat, without previous heat.* Bry., Caps., Carbo-an.,
Caust., Clem., Dig., Lye., Mezer., Nitr., Petr., Rhus, Thuja,
Verat. or Amm-mur., Carbo-v., Cham., Chel., Hell., Hyos.,
Merc., Merc-corr., Nat-mur., Nux-v., Op., Phos., Phos-ac.,
Sabad., Sep., Spig.

— *then cold sweat.* Verat. or Ars.

— *then sweat without heat and thirst.* Amm-mur., Bry., Caust.

— *then sweat, then heat.* Bell.

— — *then thirst.* Lyc.

— *then thirst, then sweat.* Thuja.

— *alternating with heat.* Ambr., Amm-mur., Ant-tart., Ars.,
Asar., Bar., Bell., Bry., Calc., Cham., Chin., Cocc., Coloc.,
Creos., Dig., Hep., Hyos., Lach., Lye., Merc., Nux-v.,
Phos., Phos-ac., Rhus, Selen., Sep., Spig., Verat., Vit.,
Zinc. or Amm., Arn., Aur., Bor., Canth., Caust., Chel.,
Coff., Dros., Graph., Iod., Kali, Laur., Led., Mosch.,
Nat-mur., Nitr., Nit-ac., Rheum., Rhod., Sabad., Samb.,
Sil., Stram., Sulph., Valer.

— — *then heat.* Verat.

— — *then sweat.* Kali or Bry., Spig.

— *alternating with sweat.* Euphorb., Verat. or Ars., Calc., Led.,
Lyc., Nux-v., Puls., Sabad., Sulph., Thuja.

BEGINNING WITH HEAT.

Heat, then chill. Bell., Bry., Calc., Caust., Hell, Nit-ac., Nux-
v., Sep., Stann., Staph., Sulph. or Apis., Ang., Calad.,

Caps., Chin., Dulc., Ign., Lye., Men., Merc., Petr., Phos., Puls., Thuja.

Heat, then chill, then heat, then sweat. Rhus.

— *then coldness.* Nux-v. or Calc., Caust., Sep., Sulph.

Heat, then shuddering. Ang., Sulph. or Caps., Cocc., Hell., Natr-mur., Puls., Rhus.

— *of the face, then shuddering.* Sulph.

— *of the head, then coldness, then heat.* Stann.

— *then sweat.* Amm-mur., Ars., Carbo-v., Cham., Chin., Coff., Ign., Ipec., Nux-v., Ran-scel., Rhus, Sil., Verat. or Ant-c., Ant-tart., Bell., Bor., Bry., Calc., Carbo-an., Cina, Creos., Graph., Hell., Hep., Lach., Lye., Nit-ac., Op., Pet., Puls., Rhod., Spong., Staph., Stront., Sulph.

— *then cold sweat.* Verat or Caps.

— *then sweat, then thirst.* Calad.

— — *then heat.* Ant-c.

— *with shuddering chill.* Bell., Cham., Hell., Nux-v., Rhus, Zinc. or Acon., Arn., Asar., Bry., Coff., Ign., Merc., Mosch., Puls., Sep., Spig., Sulph.

— *with shuddering chill and thirst.* Caps.

— — *without thirst.* Hell. or Spig.

— — *then sweat.* Caps.

— *with internal chill.* Anac., Bell., Ign., Lach., Nux-v. or Acon., Ars., Bry., Calc., Coff., Laur., Lye., Men., Merc., Nitr., Phos., Sep., Sil., Thuja.

— *with external coldness.* Ars., Bell., Calc., Mezer., Sabad., Verat. or Arn., Bry., Chin., Euphorb., Hell., Iod., Merc., Mosch., Phos., Phos-ac., Puls., Rhus, Spong., Stann.

— *with coldness of single parts.* Nux-v. or Chin., Ign., Rhus.

— *with sweat.* Bell., Calc., Caps., Cham., Con., Hell., Hep., Ipec., Natr., Nux-v., Op., Rhus, Sabad., Sarsap., Stann., Staph., Stram., Sulph-ac., Valer., Verat. or Acon., Alum., Amm-mur., Bry., Chin., Cina, Euphorb., Ign., Laur., Merc., Nitr-ac., Par., Phos., Plumb., Puls., Sep., Spig., Spong., Sulph., Tar., Thuja, Viol-tr.

— — *and thirst.* Con., Hep., Merc., Rhus.

Heat, with sweat, without thirst. Amm-mur., Bell., Bry., Caps., Hep., Nux-v., Phos., Spig., Stram., Verat.

Heat with sweat and thirst, then coldness. Stann.

— *and thirst alternating with chill.* Calc.

— *with thirst then sweat.* Coff.

— *in the head alternating with coldness of the legs.* Sep., Stann.

— *alternating with shuddering.* Bry., Cocc., Ipec., Plat. or Acon., Lach., Mosch., Phos-ac. (See shuddering alternating with heat.)

— *with sweat, then chill.* Stann.

— *external coldness, then chill, then heat with external coldness.* Phos.

— *alternating with sweat.* Amm-mur., Chin., Led., Samb. or Bell., Colch., Natr., Nux-v., Sep., Sulph.

BEGINNING WITH SHUDDERING.

Shuddering then chill. Bry. or Ars., Ipec., Lach.

— *without thirst.* Ipec.

— *then heat without sweat.* Ars.

— *then heat.* Bell., Ign., Sep., Sulph. or Ang., Apis, Asar., Bry., Canth., Carbo-v., Cocc., Con., Gels., Graph., Lach., Laur., Led., Mosch., Nux-v., Sil., Staph.

— *with chill.* Bry., Lach.

— *with thirst.* Con., Sulph.

— *then sweat.* Clem., Natr-mur., Rhus or Bry., Caps., Caust., Dig., Graph.

— *with heat.* Bell., Cham., Hell., Nux-v., Rhus, Zinc. or Acon., Anac., Arn., Ars., Asar., Bry., Calc., Caps., Coff., Dros., Ign., Kali, Merc., Mosch., Puls., Rheum., Sep., Spig., Sulph.

— *with heat of face, without thirst.* Anac., Ars., Calc., Dros., Kali.

— *with sweat.* Rhus. or Acon.

— *alternating with heat.* Ars., Bell., Bry., Cham., Cocc., Merc., Nux-v., Plat., Sep. or Acon., Amm., Asar., Bor., Calc., Caust., Chel., Chin., Coff., Coloc., Graph., Hep., Kali,

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 2.

EDITORIAL.

THE INFLUENCE OF MEDICINE UPON CHARACTER.—Every profession or occupation in which a man may engage has some effect upon his character; some effect in developing whatever traits of character he may have lying latent.

Of no profession is this more true than medicine. Whatever of cunning or of simplicity; shrewdness or obtuseness; refinement or coarseness; endurance or weakness; honor or dishonor may lie in the man's nature unobserved is sure to be brought to the surface by the trials of medical practice.

The practice of Homœopathy especially taxes the character of its votary to the utmost. Steadfastness of purpose and perseverance in his path of duty notwithstanding the obstacles of prejudice and skepticism; endurance and silence under the lash of persecution, treachery and calumny, are the traits that must form a part of the character of the earnest follower of the Hahnemannian law. These traits *have* been made manifest in the most obvious way in the masters of homœopathic practice who have in the past constituted the "old guard" of our school.

But it is at the bedside of the suffering patient that the qualities which determine the real capacity of the physician for his career become apparent.

To stand at the bedside of a sufferer whose groans and moans bespeak his agony and excite the sympathies of his sorrowing family ; to listen to their entreaties to the doctor to "do something" for the relief of the patient ; and, surrounded thus with such an atmosphere of disquieting influences, calmly to watch the development of the case, and make a careful search for the "guiding symptoms" which shall determine the prescription : truly, this is a great test of moral character.

Having selected what is apparently the simillimum of the "sick condition," for the prescriber to stand undaunted in the face of the distressing expressions of suffering on the part of the patient ; to withstand the appeals of the friends, and the cloud of suspicion and distrust that ever hovers over the head of the sincere Hahnemannian, waiting, waiting, waiting for the eagerly desired relief that will surely come if he have given the truly indicated remedy, but which he well knows will be indefinitely postponed if the prescription be *not* the right medicine, what a manifestation of moral courage !

The soldier "seeking the bubble reputation at the cannon's mouth," is not more courageous, not more daring, not more noble and self-sacrificing than is the doctor under these circumstances. The soldier under his trying ordeal becomes a hero and is applauded and loaded with honors and gifts by his admiring countrymen. Is the doctor similarly rewarded ? Rarely. *His* exhibition of strong character is too quiet and refined and subtle to receive the notice of even comparatively cultivated people. Too often his work is ignored, his motives impugned, his want of success in achieving a rescue from death denounced, and himself traduced and villified. With the possibility of such a result before his eyes, the danger of the death of his patient ever present, the dark cloud of possible contagion hanging over him, with all these things vividly before his mind, the doctor's conduct when regulated by self-control and self-reliance in such a desperate situation reaches the sublime. Yet it is rarely seen, rarely appreciated.

Not every physician stands the test. Many of the profession fall before it. Losing courage, losing confidence in themselves

and their system, they fly to every expedient that despair can suggest, and thus we meet with the wide departures from homœopathic practice which are so injurious to the credit of our school and so demoralizing to the practitioner himself.

The man who is equal to such a test ; who never diverges from the path of duty which lies in a straight line before him ; who never takes his eyes from the goal he would attain, notwithstanding these powerful influences, becomes stronger and more reliable with every experience. He it is, who, in the long run, takes his place at the head of his profession ; becomes a distinguished man, a leader among his brethren, rather than the man who has failed before these tests, resorts to expedients, and attempts to fill the measure of his shortcomings by boasts of his prowess and indulgence in detractions of his neighbor.

Thus the practice of medicine develops character and exposes its deficiencies. It turns the practitioner in upon himself, teaching self-control, self-examination, self-dependence, which with tenacity of purpose make that symmetry of character which is as necessary in a physician as a comprehensive knowledge of *materia medica*.

THE STRYCHNINE CURE FOR DRUNKENNESS.

MR EDITOR: I am sure you have heard of the celebrated physician who told his patient he could do nothing for his ailments, but that he could throw him into fits, and that he was death on fits.

Well, sir, you will find in the December, 1891, *Medical Advance* an editorial based upon the idea of the physician mentioned above. In this article we are told that, "If we can destroy the appetite for stimulants by the Strychnine cure [which consists of one or two subcutaneous injections daily of solution of Strychnine, two grains to the ounce], we can then treat the patient with constitutional remedies, and by removing the taint by antipsorics prevent a relapse."

Do you not think the writer of the article should make application for junior membership in the International Hahnemannian Association so that he might be taught what Homœopathy is ?

AN ANXIOUS INQUIRER.

THE USE OF REPERTORIES IN FINDING THE HOMŒOPATHIC REMEDY.

HORACE P. HOLMES, M. D., OMAHA, NEBRASKA.

Read before the Omaha Homœopathic Medical Society.

Hahnemann says in Par. 104 of the *Organon*: "When all of the prominent and characteristic symptoms, collectively forming an image of a case of chronic, or of any other disease, have been carefully committed to writing, the most difficult part of the labor will have been accomplished." Again, in Par. 147, he says: "A drug, completely tested with regard to its power of altering human health, and whose symptoms present the greatest degree of similitude with the totality of symptoms of a given natural disease, will be the most suitable and reliable homœopathic remedy for that disease, for which the specific curative agent will have been discovered."

Accepting these statements as literally true, we find the next question confronting us a serious one. *How to find the remedy?* If our materia medica were so small that every symptom could be committed to memory and the whole field of materia medica form a picture, or a series of pictures, which could be readily called to mind, the task would be an easy one. But such is far from the case. Our remedies are numbered by the thousand and our symptomatology has grown to such gigantic proportions that it easily fills ten large octavo volumes, and the end is not yet. In the face of this great mass of material—the question "How to find the remedy?" is often discouraging and sometimes hopeless. The practice of memorizing "key-notes" is of great service in the bedside practice, and may give a capacity sufficient to allow the practitioner to treat the ordinary cases that come to him. But when a patient seems to present "key-notes" of almost every remedy we can think of, or when these "key-notes" prove to be symptoms common to several remedies, then the searcher for the simillimum finds the task too great an one to be solved by the aid of memory alone.

It is the solution of such cases that gives help to our

fellow-workers, and each man's method may be a help to us all. That a case properly taken can be prescribed for and the true simillimum found, is almost as certain as that a problem in mathematics can be solved if the rule is given.

When we reach the end of memorizing, then we must use keys in the study of materia medica. The more repertories one has the better is he prepared to search for the true remedy. There is thus far no *best* repertory, as each one must possess advantages peculiar to the individual and the composite group makes the perfect set. Therefore, the more repertories the better.

As a practical illustration of "How to use a repertory," I will recite an actual case in practice and give the details of each step in the search for the remedy. I do not claim to be the originator of the method, although I know of no one that used it before myself. The only claim I make for it is that it is the best scheme I know of for finding the exact remedy in puzzling cases. That it can be improved upon there is no doubt, and practice and familiarity with the work will reveal many ways of shortening it. In my illustration I use the entire repertorial rubrical lists in order that no one may be puzzled by an attempt to show the shorter cuts.

I will report the following :

A CASE OF SICK-HEADACHE.

JANUARY 24th, 1891.

Mr. ——— aged fifty, a shipping clerk, was directed to come to me in order to get relieved from his frequent attacks of sick-headache. I drew out the following history and picture of the case. When a school-boy the patient would have to go home from school on account of violent sick-headache. Was compelled to go to bed from the severe pain and prostration. The attacks came as often as every two or three weeks. This has been the case all his life, until of late the attacks have been more frequent, now coming on every week, or twice a week. Both his father and mother were subject to frequent attacks of sick-headache.

The typical headache came with a pain in the left temple ; there was nausea and gagging, but no vomiting. Came on dur-

ing the day, and he would have to go home and lie down, and be perfectly quiet. By the next morning he would be all right, as a night's rest generally relieved the whole trouble.

At the present time the headache is more severe. He gets up in the morning with a dull feeling in the vertex along the sinus, is chilly. By afternoon the headache is so bad that he cannot think nor reason. The pain passes down to left base of occiput, prostrates him, and he has to give up work and go home. The pains are darting, shooting up into vertex along sinus, and cut like a knife. Sensation as if the top of the head would split open. He has to sit up with head leaning backward. The farther the head can be thrown backward the more relief he gets. Bandaging the head controls the pain somewhat. Feet get cold to the knees, but are not damp. The headache is always aggravated by the feet getting cold. There is now no nausea. Appetite good even while suffering great pain, and as a rule eating brings relief from the pain, but does not cure. Puts the feet in hot water, and as hot cloths as can be wrung out of water with the hands are put to the head, and the heat brings some relief. Must keep the head hotly bandaged or covered. The least cold aggravates. The cloths cooling, an open door or draft of air makes the pain worse. When he gets thoroughly warmed through, he goes to sleep, and wakes up all right in the morning.

The attacks are brought on by taking cold, by getting cold, or by getting the feet very cold ; by over-work, either mental or muscular.

Concomitants : He is cross and irritable with the pain ; the bowels are regular ; no thirst ; pain in kidneys, worse on left side ; a steady pain over the kidneys, worse lifting or from much walking ; itching of the anus, worse undressing, and relieved by hard scratching.

Aggravations : From noise, thinking, lying down, cold, motion, stooping, cold drafts. He dreads cold drinks.

Ameliorations : From quiet, sitting up, with the head thrown far back, very hot applications, wrapping up warmly, general warmth, bandaging, eating, hot drinks, sleep.

A rectal examination to search for the cause of the pruritus ani shows three irritable papillæ, deep, fissure-like depressions, and a few small internal piles.

I began the search for the remedy, which seemed very indefinite, by arranging the symptoms in the following rubrics :

1. Headache in the morning.
2. Pain going from vertex to occiput.
3. Shooting pains.
4. Splitting [bursting] sensation in vertex.
5. Great weakness.
6. Aggravation from lying down.
7. " " cold.
8. " " thinking.
9. " " stooping.
10. Ameliorated by hot applications.
11. " on awakening.
12. " from eating.
13. " from sleep.
14. " by bandaging.
15. " on wrapping up.
16. " from bending head backward.

Arranging the remedies as indicated under the rubrics we find them as follow :

Headache in the morning. Acon., Agar., All-s., Alum., Ambr., Am-c., Am-m., Anac., Ang., Ant-t., Arg., Arg-n., Arn., Ars., Asaf., Asar., Aur., Bar., Bell., Benz-ac., Berb., Borax, Bry., Bov., Cadm., Calc., Calc-ph., Camph., Cann-s., Canth., Carb-an., Carb-v., Caus., Cham., Chin., Chin-s., Cic., Cina, Clem., Coca., Coff., Coloc., Con., Creos., Croc., Croton., Cuprum., Cyc., Dios., Dule., Eup-pur., Euph., Ferr., Glon., Graph., Grat., Guac., Hell., Hepar, Hipp., Ign., Indm., Iod., Ipec., Iris., Jatr., Ka-bi., Ka-c., Ka-iod., Kalm., Lac-c., Lach., Lachn., Led., Lil-t., Mag-c., Mag-m., Mang., Merc., Merc-j., Merc-s., Mezer., Murx., Mur-ac., Nat-c., Nat-mur., Nit-ac., Nitr., Nux-j., Nux-m., Nux-v., Ol-an., Paeon., Pau-p., Petr., Phos., Phos-ac., Phyt., Podo., Psor., Puls., Ran-b.,

Rheum, Rhod., Rhus, Rumx., Ruta, Samb., Sang., Sars., Seneg., Sep., Sil., Spig., Squil., Stann., Staph., Stram., Stront., Sul., Sul-ac., Tabac., Thuj., Verat., Zinc.

Pain going from vertex to occiput. Calc-ph., Chel., Gels.

Pains shooting. Acet-ac., Agar., Alum., Ambr., Am-c., Ant-t., Arg., Bar., Bell., Bry., Calc., Caps., Carb-v., Caust., Cham., Cimic., Coleh., Con., Corn., Ferr., Gran., Hell., Hepar, Hura., Hyos., Ign., Indg., Iod., Ipec., Ka-c., Lach., Lact., Laur., Mag-c., Manc., Marum., Merc., Mur-ac., Naja., Nat-m., Nit-ac., Nitr., Nux-v., Petr., Plan., Ptel., Puls., Rhus-r., Sep., Sil., Staph., Sulph., Thuj., Tong., Valer.

Splitting [bursting] pains in vertex. Amm-m., Bapt., Calc., Carb-an., Cimic., Graph., Lac-ac., Nat-s., Nit-ac., Sil., Spig., Spong., Stront., Xanth.

Great weakness [prostration]. Agar., Alum., Ant-c., Arn., Ars., Bov., Chin., Chin-s., Creos., Cup-ac., Cyc., Glon., Grat., Hydra., Hydr-ac., Hyos., Iod., Iris., Lil-t., Lobel., Mag-m., Nat-m., Nitr., Nux-v., Ol-an., Phos., Psor., Ran-b., Rhus-r., Sil., Sul., Tarent.

Aggravation from lying down. Ambr., Amm-m., Arg., Ars., Asaf., Aur., Benz-ac., Cadm., Calc., Carbo-v., Caps., Caust., Cham., Cist., Con., Cycl., Dig., Dros., Dule., Euph., Euphr., Ferr., Hyos., Ign., Lith., Lye., Mag-m., Meny., Mosch., Mur-ac., Nitr-ac., Nux-m., Nux, Phos-ac., Plat., Puls., Rhod., Rhus, Ruta, Sabad., Samb., Sep., Sil., Stront., Sulph., Tar., Thuj., Valer., Verb., Viol-tr.

Aggravation from cold. Acon., Agar., Alum., Amm-c., Apis, Ars., Aur., Bar-c., Bell., Bry., Calc., Camph., Caps., Carb-an., Carb-v., Caust., Chin., Cist., Coleh., Con., Daph., Dule., Hell., Hep., Ign., Kali-b., Kali-c., Lye., Mang., Merc., Mez., Mosch., Nux-m., Nux, Petr., Phos., Rhod., Rhus, Sabad., Sep., Sil., Stront., Verat.

Aggravation from thinking. Acon., Agn., Ambr., Amm-c., Anac., Aran-d., Arg-n., Arn., Asar., Aur., Bell., Cadm., Calc., Cham., Chin., Cimic., Cina, Cinnb., Cocce., Coff., Coleh., Con., Daph., Dig., Fago., Graph., Hell., Hipp., Ign., Lach., Lact., Lye., Mag-c., Nat-c., Natr-m., Nat-s., Nit-ac., Nux-m., Nux-v.,

Olnd., Op., Ox-ac., Par., Petr., Phos., Phos-ac., Plat., Psor., Ptel., Puls., Sabad., Selen., Sep., Sil., Staph., Stram., Sulph., Zinc.

Aggravation from stooping. Acet-ac., Acon., Æsc-h., Aloe., Alum., Amm-m., Ang., Ant-t., Apis, Arg., Arn., Asar., Bapt., Bar., Bell., Berb., Borax., Bov., Bry., Calc., Calc-ph., Camph., Canth., Caps., Carb-an., Carb-v., Caust., Cham., Chel., Chin., Chin-s., Cic., Cob., Cocc., Coff., Colch., Coloc., Con., Corn., Creos., Cupr., Cyc., Dig., Dros., Dulc., Ferr., Ferr-i., Form., Gels., Glon., Ham., Hell., Helon., Hepar, Hydrs., Hydr-ac., Hydrph., Hyos., Ign., Kali-b., Kali-c., Lach., Laur., Lyc., Mag-m., Mane., Mang., Marum., Men., Merc., Merc-i., Mill., Mur-ac., Nat-c., Nat-m., Nice., Nitr., Nux-m., Nux-v., Par., Petr., Phos., Phys., Phyt., Pic-ac., Plat., Plect., Puls., Rheum, Rhus, Rhus-r., Samb., Sang., Seneg., Senn., Sep., Sil., Spig., Spong., Staun., Staph., Sulph., Sul-ac., Thuja., Valer., Verat., Vibur., Zing.

Amelioration from hot applications. Aur., Bell., Caps., Caust., Cinnb., Cocc., Colch., Kali-c., Kali-j., Lach., Mag-m., Nux-m., Nux-v., Rhod., Rhus, Sil., Staph., Stront., Sulph., Sumb.

Amelioration on awakening. [After sleep.] Acon., Bad., Glon., Hell., Hyos., Ign., Pallad., Sep., Sil., Thuja.

Ameliorated by eating. Arg-n., Arum-t., Carb-ac., Caust., Cist., Coca., Con., Gels., Gen., Indm., Lachn., Lyc., Petr., Phos., Phyt., Scut., Sep., Tellur., Tong.

Ameliorated by bandaging. Arg-n., Bell., Bry., Calc., Hepar, Mag-m., Nux-v., Psor., Puls., Rhod., Sil.

Ameliorated by wrapping up. Aur., Hepar, Mag-m., Mur-ac., Nux-v., Psor., Sil.

Ameliorated by bending the head back. Apis, Glon., Phos-ac., Thuja.

I have a "Repertory Checking List" which consists of the abbreviations of the remedies found in Lippe's *Repertory* arranged in columnus like a sheet of labels. With a page of this checking list before me, I pass rapidly over the remedies found in the repertories under each rubric and check after each remedy on the checking list. Passing through the sixteen rubrics I find the valuation of the remedies standing highest was as fol-

lows: Silicea 12; Nux-vomica 10; Calcarea-carb. 8, and Sepia 8.

Although I had several remedies in my mind, this examination showed Silicea so far ahead that on further studying the materia medica I became convinced that I had found the remedy. At the next visit of my patient I questioned him farther with the view of confirming or not the indication of Silicea. The following additional symptoms of the remedy were brought out in confirmation of the correctness of the work: Intense religious emotion or listening to deep sermons or lectures brings on the headaches. There is often a vertigo with a whirling sensation; has had falling to the right or forward. Has fetid foot-sweat—must wash the feet every day in summer to keep the feet from smelling foul. Blisters on the little toes and between the toes when on the feet much. Trembling and weakness of the legs—it makes him nervous. Profuse axillary sweat—drops away, bad smelling.

There was now no doubt in my mind as to the remedy, and I gave him Silicea 1000th, two doses to be taken an hour apart, and a vial of placebo, and asked him to report in a week. He seemed to gain in a general way from the very start. In a few days, however, he came to my office saying he was in for one of his "old terrors." That his head felt as it always did when he was going to have the worst form of attack. He begged me to relieve him so that he would not have to go home. With much misgiving I gave him one dose of the 200th and a placebo "strong," and he went back to his store and missed his attack of headache for the first time almost in his life. Twice afterward he received a single dose of the 1000th and nothing more. Nor has there been any other medicine given him for the headaches since.

I saw the patient to-day (November 19th, 1891) and he said he had not had a headache since I prescribed for him. He passed through the hot summer without having any trouble from sweaty feet and the axillary sweat bears the same report. Thus far he has not suffered from the cold weather of this fall. Always before he would be subject to attacks of sick-headaches

from getting his feet cold while attending to the transaction of his business. He is a better man physically and can stand up under more pressure and attend to more business than for a long time. Silicea touched the weak spot and it has made him a strong man, not only by its relieving him of the frequent attacks of sick-headaches, but of the many other symptoms complained of.

Such is an illustration of the work that may be done with the thorough use of repertories. In reply to the statement usually made in regard to such work that "it takes too much time," let me say No! It is true that it took me some time in the beginning—perhaps an hour and a half—I was not so familiar with the method then, as I can now unravel a similar case in twenty minutes after I have taken the notes. But the saving of time comes in the after-treatment. There is no farther study to be done so long as the remedy is indicated, and when that indication ceases we know at once what remedy stands next highest on the list.

INFANT FEEDING.

Proceedings I. H. A., Wednesday morning, June 24th.

A paper entitled "Indigestion in Infants," by Dr. Nathan Cash, Uhrichsville, Ohio, was read. This paper can be found in full in *THE HOMOEOPATHIC PHYSICIAN* for October, 1891, page 394. The following discussion ensued:

Dr. Custis—This subject is one in which I am very much interested. As a class, we have the means of being the most independent of physicians, because we have a law of therapeutics leaving us free to use any other law of chemistry, physics, or mechanics that may aid us. The doctor tells us that milk is the proper food for babies, also that the milk should be brought directly from the cow to the baby, and that the cow should be healthy and well kept, and so on. This is all very well, but it is impossible to the vast majority of patients. Cows cannot be kept in cities: if they are, they will probably be unhealthy. The milk cannot be brought to the city perfectly fresh. The

patient can know nothing of the history of the particular cow or set of cows that supplies her. Now what are we going to do about it? We must go to the laws of physiological chemistry and prepare the milk so, as much as possible, to restore it to its perfect condition. The artificial foods are made by competent scientific men, according to the laws of chemistry and physiology. I find very few babies, in my experience, who can take cow's milk plain. They cannot assimilate it. Ninety-nine out of a hundred cases of infantile indigestion come from improper feeding. If the child sleeps well, then you are feeding it pretty nearly right; but if it does not sleep well, no matter what your food, you are feeding it improperly. Then you must help it by artificial means. If the child shows symptoms of sickness, fever, forcible vomiting, etc., it needs medicine, but if it shows no evidence of special sickness, and does not sleep well, and the stools are not perfectly normal, something is the matter with the food. Mellin's food is one of the most valuable foods in the market. Imperial Granum is good for little children. The study given to the subject by the men who make the foods is something remarkable; they can give us points on digestion every time. Foods are not medicine, and do not interfere at all with our therapeutics.

Dr. Kent—The essayist strikes at the vital point of everything that the physician has to deal with, when he speaks of infants and indigestion. So much is to be said on this subject that there is hardly a beginning and I am sure no ending. The first critic of the essay wants to be called a scientific physician; I do not. I do not want to be known as scientific. A man who is pointed out as scientific has pretty nearly reached the height of folly. We might divide infants into two classes—those who have the power to live, and those who have the power to die. The next division is the sick child and the natural child. If born with a sick miasm, he needs medicine. The next class is the natural child who has been made sick by food, and this is one of the most prominent things which we have to meet. This is the starting-point of the paper. As to the food, if the infant is in a natural state, we know that milk is its natural food. But

when it becomes spoiled by improper feeding, or over-feeding, the child becomes unnatural.

If the child is natural and the milk is natural we have no trouble. But even when both are natural too frequent feeding will cause indigestion, known first by lenteric stools.

This goes on until the question has become a common one, "Why is it that the second summer is so hard for babies?" and we all know the answer. I often put the question to the housewife, "What would happen if, when the sponge for bread was half raised, you were to put flour in?" It would sour at once, and in the same way the stomach sours from the frequent feeding. The weakly ones will stand this until the first hot weather comes; the tough ones until the second summer, and then they come down with cholera infantum.

The natural infant, fed on milk, gets on the best; but when fed on milk unwisely until they can no longer digest it, we are compelled to change off to some other food for awhile. As soon as the stomach has been corrected by natural and regular feeding we can go back to milk again. A young baby should be fed at intervals of two hours, and not at all during the night. In artificial foods you have to use experiments, and after several trials some one of the many chemical foods will serve a useful purpose.

I am frequently asked "Why not use peptonized milk?" It is improper to use the digested preparations because, as soon as you furnish the stomach with Pepsin it ceases to make its own Pepsin; you encourage it in laziness. If the child is vital the remedies are sufficient. It is a pretty poor infant that will not drink water. Infants passing lenteric stools can generally drink water, if they cannot, they need medicine. In such cases I am in the habit of diluting the milk pretty well with water, and when the stool is improved, going back to stronger food.

Dr. MacLaren—I think we must individualize in the matter of foods as well as in the matter of medicines. In Guernsey's work on obstetrics, there is a preparation recommended that will save lots of babies. It is one-third cream, one-third water, one-third sugar of milk. When a baby is sick and the mother has

no milk, I hunt for a wet-nurse. I had an interesting case ten months ago. A healthy child was born of a weakly mother. She had lost four children before; she had decided symptoms of phthisis. I used this food of Dr. Guernsey's, the child relished it, and it agreed with it. The baby slept well, seemed well nourished, and ate very little at night; during the day it got a meal every two hours. In this way four weeks passed without a remedy being required, but it did not seem to grow a bit. At the end of that time we got a wet-nurse, and it soon weighed twenty-five pounds.

Dr. Wesselhœft—A very important thing is the way the milk goes down into the child's stomach. The bottles are so constructed that the milk goes down too fast without being mixed with the saliva. Every child who sucks at the breast has to work for what it gets, and this suction brings the salivary glands into operation, and I fear that that is one of the great troubles in artificial feeding. The milk is cascaded into the stomach and immediately cascaded back again. I have always in my practice acted on the principle that a good cow is better than a wet-nurse, for my own use I would much rather have a cow than a wet-nurse. As regards the milk being too strong or too weak for the baby, it seems nonsense to me. Any little animal will bear cow's milk perfectly well, and if you could get enough milk from a mouse you could raise an elephant on it. It is astonishing how little milk a healthy baby can get along with during the first week of its life, and the amount should be only very gradually increased. Most of the sick babies are made so by some prepared stuff being cascaded into their stomach in enormous quantities. Quantity is a great element in these disorders, and I have known too much food to make babies sick, even when the food was perfectly fresh milk, and the babies did their own milking.

Dr. Biegler—This is a matter in which I feel some interest, because I have necessarily had to give a great deal of attention to it. I agree with Dr. Wesselhœft that rapid feeding is bad. The bottle arrangements are made so that the milk comes down too rapidly, and in great quantities. I generally tell the mother

to put a piece of pure clean sponge into the nipple so that the child must work with its gums and lips to draw the milk, and thus obviate the too rapid flow. The strength of the milk should be regulated I think for new-born infants. The best substitute for mother's milk is cow's milk. The artificial foods in my experience are all valueless. Of course the cow or cows should be healthy, and a very important point is the food of the cow. Let a child take milk from a cow that yesterday ate green apples, and that child will be sick as certainly as the sun will rise. We have to depend upon the milkman in cities, and the cows are often fed in a horrible manner. The refuse from glucose factories, sour, stinking, and offensive, is the food of many cows, and of course such milk is injurious.

In regard to the strength of milk we must discriminate. In nine cases out of ten, milk from a Jersey herd will not be well borne by children. There is no inflexible rule suitable for all infants. Find out what each individual infant can digest. I have seen infants progress from a deplorable state to a most chubby and beautiful condition without ever tasting milk of full strength.

Dr. J. V. Allen—I do not agree with the position that the milk should be taken slowly in order to have it mix with the baby's saliva, for the reason that the saliva enters into no digestive process whatever with the infant. The child must have teeth before it has any saliva. Whether the child eats slow or fast the saliva has no action on the milk.

Dr. Biegler—In the natural way, does the milk pour down the child's throat from the mother's breast, or is it slowly drawn out?

Dr. J. V. Allen—I believe a little exercise is very good, but as far as the digestion of milk goes, it cuts no figure.

Dr. Wesselhøft—Is there no saliva in the baby? What is it makes his mouth moist?

Dr. J. V. Allen—Only mucus.

Dr. Wesselhøft—Let us have mucus, then, mixed with the milk.

Dr. Hastings—I have used with success what is called evap-

orated cream—a preparation known as the Highland Brand of condensed milk. It is milk from well-fed Jersey cows, carefully evaporated to the consistency of first-class cream, and entirely free from extra sugar or other artificial additions. It is then, while still warm, hermetically sealed and makes, I think, a very fine substitute for mother's milk. I have a little patient who makes a very fine showing upon it, and, although born at the twenty-seventh week, has never had a day's sickness. I know of two other children, both doing well on this food. Of course it is used diluted. It is essentially milk with a portion of the water evaporated; hence it can be restored to the condition of fresh milk by diluting it.

Dr. Dever—Three cases are not sufficient to prove anything by.

Dr. Hastings—I did not speak of anything being proved. I was simply giving my mite of experience.

Dr. Biegler—Jersey cows are thought to produce the finest milk, but I have a word to say on that subject. In my capacity as member of the Board of Health I have had a great deal to do with the milk business, and in that work I ascertained the fact that Jersey cows are apt to be tuberculous, and are often on that account quietly killed by their owners, whenever it becomes their interest to do so. In this way numbers of cows are quietly killed and nothing said about it. What we know about the tuberculous diathesis in man would lead us to suppose that this is true, for these cows possess the same or similar characteristics, namely, a clear and beautiful complexion, a thin skin, and a large transparent eye. On this account I should prefer milk from some other breed, such as the Holstein.

Dr. Stow—The question of the rearing of infants has caused me as much perplexity as any I have had to do with. The use of nursing bottles, to be successful, requires the constant, intelligent care of the nurse or mother, to keep them perfectly clean and free from impurities, especially during the summer months. In warm weather milk ferments very rapidly, and I think nursing bottles should be generally discarded until we get some better material to make the fittings of than rubber. I think that in every city in the land organizations should be formed to pro-

vide pure fresh milk for infants. It should come not from Jersey cows but from Guernseys or Holsteins, placed into scoured cans and kept at a low temperature in refrigerator-wagons for dispensing to customers. This has been tried in some places, and wherever it has been tried it has proved a success.

Dr. Rushmore—Microscopic examinations have shown the milk of the Ayrshire to be better than any other breed.

Dr. Sawyer—I have succeeded pretty well with children as a rule, but once or twice when a little patient died suddenly I have traced it to the abominable water which the cow had to drink. I believe in artificial foods emphatically. I am in favor of them in a great many cases. Horlick's food is sometimes very valuable. I have raised babies on this food which I know positively would not have lived on mother's milk. I have tried all kinds of cows, single and married, virtuous and rakes, one cow and cumulative, and generally prefer the foods. I have had to banish the miserable nursing bottles entirely. I prefer giving the milk or food in small quantities from a cup.

Dr. W. L. Morgan—I have had considerable experience with several kinds of artificial foods, and I like them very well. I never use any of those that have Pepsin in them or that are pre-digested.

Dr. Custis.—The stomach in its function of digesting food does perform certain chemical processes which it is just as much our business to study scientifically as it is to study the action of remedies, for if we knew all about it we could prevent sickness, and thus have no occasion to use our remedies. I am glad Dr. Hastings spoke of that Highland Brand of milk for I am going to try it.

Dr. N. Cash—We may become too chemically scientific in discussing this question. My stand would be that as soon as milk cools and loses its animal heat, chemical changes begin.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

(Continued from December number, page 456.)

ARUM-TRIPH.^{16M}.

Burning of pharynx and glottis. *Very nervous*, raw feeling in chest, picking his nose all the time, light-headed, sleepy. Smarting at end of penis.

Feels sick, qualmish, giddy, slept unusually sound, eyes dim. Pain under his left short rib.

Helped a minister's sore throat of years standing—in fact, cured him.

Woman could hardly stand on her feet they hurt her so, even the stockings when drawn on gave her pain. Feet feel so bruised, end of her tongue felt sore, round sore spots, as if scalded on the tongue. Sores on throat and tongue, sensation as of an abscess forming high up inside the nasal bone on the right side, discharge of a large crust. Little round, hard pimples all over the skin of the body, legs, arms, and face, about size of a pin-head, feet hurt her so that it made her sick at stomach to walk. Menses, which were absent two months, return. Soreness and pain, as if bruised in the left mamma. *Nightmare*. Just as she gets to dozing feels as if she would smother, starts up frightened. Nervous at night, could not sleep. Distressing hacking cough; mouth very dry; feels as if mucous surface would crack; wants to wet it, not to drink, has to get up in the night to moisten mouth.

ASCLEPIAS-TUB.^{45M}.

Produced free perspirations and urinations, without any other effects.

ASTERIAS-RUB.^{5C}.

Pimples on side of nose and chin. Provers were women. Cured many cases where there is a disposition to pimples about the chin, mouth, and face, generally occurring at the menstrual period and with young girls.

Neuralgia opposite left molar teeth of lower jaw, sharp, piercing pain like a needle, lacks confirmation. One prover.

ATROPINE, 6TH DECIMAL.

Given in water every two hours, cured long-standing photophobia and watering of eyes.

ATROPINE-SULPHATE³⁰.

Wonderful effect in relieving pain attending ulceration of the cornea with violent conjunctivitis, sudden and marked cure of photophobia.

Atropine-sulphate 6th x given in water every hour, produced, on the third day, great dimness of vision. Can't see glassware, such as tumblers and bottles; pupils not dilated, pain in and through the eyeball, cannot see to read well. The accommodation is paralyzed. Cannot see to read even when holding the paper far off. Type looks blurred. Previously had acute normal vision. Never wore glasses. These symptoms lasted over a week. Mouth became so parched she could not speak without first moistening it. Patient took the medicine every hour for two weeks.

Atropine-sulphate⁶ in water every two hours, cured long-standing photophobia and lachrymation.

AURUM-MUR.^{5M}.

Legs appear slightly swollen and very tender along the inner side of the tibia, backache very severe.

IODIDE OF POTASSIUM^{CM}.

After being given three weeks for its curative effects, produced choking sensation in the larynx, slight loss of voice, considerable increase in weight, improved appetite.

IODINE^{17M}.

The long internal administration of Iodine high produced in a girl symptoms of asthenopia; spotted and rough skin; husky voice.

IPECAC^{25M}.

Violent spasmodic cough, aversion to food.

Ipecac, and blanket wrung out of hot water to envelop the

child, apparently cured a severe case of membranous croup. Previously the child appeared hopeless.

JASPER^{8C}.

Leucorrhœa, aching in sacrum, no appetite, sensitiveness and sensation of weakness in bowels, dull frontal headache.

KALI-BICHR.^{CM}.

Redness in throat, irritation, swollen tonsils. A very reliable remedy in diphtheritic sore throat, loss of appetite, with hoarseness.

KALI-CARB.^{24M}.

Stiffness back of neck, shooting pains through his chest; shooting pains in muscles of extremities and chest.

KALI-HYD.^{CM}.

Larynx feels sore, gums and mouth sensitive; can hardly eat for soreness. Has cured many cases of rupia and syphiloderms. Fluttering sensation at the heart, giddiness; arose from bed, thinking he would be smothered. After curing skin symptoms produced profuse watery discharges from the nose. Later on, discharge thicker, aching pains through both lungs, feels tired and weak, fluttering at heart and nervous.

The high preparations have frequently cured syphilitic ulcerations, especially on the legs, where the low did nothing.

Sharp pains through the right lung, from the nipple backward, hoarse cough, pains through the breast, sighing respiration.

Iod. Potash, highly potentized and in various potencies, have relieved and cured the most persistent or chronic cases of megrim, sick headache; often the cranial bones were sensitive, after the attacks passed off; more or less nausea and weak vision attending the cases. Follows well after Belladonna.

KAOLIN^{45M}.

Sore throat, soreness of both lungs, constipation. Has frequently cured cases of constipation, with large, hard, dry, light-

colored stools ; great internal soreness of the chest often relieved ; painful respiration—not walls of chest, but lungs, apparently.

KREOSOTE^{CM}.

I know of no remedy which can compare with this in cases of cholera infantum, green stools, nausea, exhaustion, complete loss of appetite, dry skin, more or less fever, types one often sees in midsummer in the large cities.

Indigestion, loss of appetite. Caused sick stomach, disposition to vomit.

LITHIA-CARB.^{5C}.

Cured a chronic syphilitic bluish deep old ulcer, larger than a silver dollar, on the calf of the leg in a young man. Had to get up at night to pass water. Frequent urination, with slight pain or straining ; pain over the bladder ; appeared to dilate pupils. The latter lacks confirmation.

LACHESIS^{16M}.

Has cured for me a great number of cases of chronic sore throat, dryness in throat, often raw or sore, with much swelling. After producing throat symptoms in a young man, it caused severe pains all over his head, back and front. Giddy, couldn't stand, had to be carried from school, couldn't see the letters in his book, fell against the wall, etc. These occurred on the fourth day ; never been so affected before.

CM quickly curative in cases of delirium tremens, where there is much trembling and confusion of ideas. Given every one-quarter hour for three days produced frightful constrictive sensation at the larynx, almost suffocated at night. In an attack woke the whole family ; they poured a quantity of brandy down her throat with but little effect. All thought she was dying from inability to breathe or expand the lungs. Sat up in bed struggling for breath like an asthmatic.

CM, in a woman at forty-five, produced rolling from side to side in the bed constantly, from hour to hour. Could not stop her ; extreme restlessness and nervousness.

Lachesis every quarter-hour apparently cured a case of mem-

branaceous croup in last stages. Coughed up pieces like a cast of the bronchus and was relieved in two hours.

6th produced in several young persons very sore throat.

CM has cured repeatedly diphtheritic sore throat and has been of great service in malignant scarlet fever with very offensive breath ; glands of neck swollen ; soreness of neck to touch ; suffocative attacks as soon as anything touches the larynx. Even the front part of the throat is sensitive, has to loosen everything around the neck to breathe better.

CM caused suffocative sensation ; distress on either side of sternum at its middle.

CM cured hoarseness with complete loss of voice very many times.

LACTUCA-VIROS^{5C}.

Right eye smarted a good deal ; pains catch him in his lungs, back and front ; pains across the top of his sacrum.

LAMIUM^{1M}.

Severe sick headaches in the mornings, giddy, worse on left side ; muscles generally sore, as if the prover had taken cold ; muscular and mental exhaustion with no inclination for food.

LAUROCERASUS^{CM}.

CM helped cough and greatly lessened the chronic expectorations in persons of consumptive tendency ; produces a short, dry hack or clearing of the throat in others not previously so affected.

LITHIA-CARB.^{5C}.

Have found it highly curative in barber's itch ; circular moist furfuraceous patches on the skin ; porrigo.

5C causing a rough rash all over the body ; much loose epithelium ; tough, dry, itchy skin, turbid urine.

5C. Skin of the whole body is rough and dry. The face, or rather both cheeks were covered with dry, bran-like scales. This was produced on several infants to whom I had given the medicine for some time.

LEDUM^{45M}.

Gnawing headache in temples ; headache of back of the head and ears ; talking in sleep ; nausea ; confused vivid dreams.

LILIUM-TIGRINUM^{45M}.

Compelled to pass water frequently; with burning sensation; feels bruised about genitals; bowels that were costive move more regularly; smothering sensation in the chest, feels like vomiting when she touches her epigastrium. Feels as if she must cross her legs for fear everything in pelvis would be pushed out. Her head feels confused and heavy, glands or left side of neck slightly swollen and painful.

ANTIRRHINUM LINARIA 30TH DECIMAL AND LOWER.

Fainting spells occurring three or four times a day; fainted dead away; never occurred before. The prover was rather a weak individual, disposed to phthisis, fainting without any other symptom, attacks of weakness and fainty feeling from probable disturbed heart action, due to the medicine. Frequently verified this. Sensation of fainting.

LINARIA.

Antirrhinum Linarium—Gathered the flowers and made the potencies, 3d to 30th, myself, taken in water, given every hour or two. Giddy, sick stomach, perspiration, rumbling of gas, bowels somewhat loose, vomited several times on fourth day. These symptoms were developed in several women. No urinary symptoms produced as I had expected.

LOBELIA^{45M}.

The oppression is felt in the throat. Sick stomach with ptyalism.

LYCOPODIUM^{45M}.

Highly curative in violent gall-stone colic. The attacks were painful while they lasted; medicine generally relieves quickly. Verified this repeatedly.

45M. I believe I am indebted to this medicine (as a means) for the cure of pneumonia in my child when two years old. It has

often acted like magic in the relief of bronchitis of young children especially.

45M acts in a wonderful way in curing acute bronchitis of children. Great *rattling of mucus in the chest*. Chest oppressed, breathing rapid, cough frequent and loose.

45M. Child frequently wakes at night and rubs her nose so much and long that the parents are astonished. Have frequently verified this symptom.

45M caused symptoms of *cold in the head*, verified in very many cases.

45M caused sniffles in children. Symptoms of influenza.

45M. Remarkable in relieving the short and painful breathing of pneumonia.

45M given to boy, aged eight years, every two hours for a week, who had scrofulous ophthalmia, caused severe pain in the left side of the chest, breathing oppressed and painful like that of pleurisy.

MENTHA-PIP.⁵⁰.

Pharynx inflamed. Produced very sore throat, not swollen, simply dryness and redness; griping pain in median line below the umbilicus (4M); bowels a little loose, simply griping.

MEPHITIS^{1M}.

Cured frequently very severe, hoarse, hollow, deep cough, with soreness in the chest (often verified); convulsive, teasing, tickling cough without expectoration. The medicine causes this cough in those not afflicted with it.

MERCURIUS-CORROSIVUS⁵⁰.

Curative in constipation, with so-called bilious condition. Sensation as if the mouth was scalded. Soreness of mucus membrane; frequently curative in bloody, painful diarrhoea of a chronic kind, dysentery, colic, rectal pains.

5C. After trying many remedies, this was the only one which cured bloody, frequent, offensive stools, mixed with mucus, with

great pain in the abdomen. This from my army experience and subsequently.

Left testicle swollen, or sensitive in some cases, soreness at sides of the waist, general weakness, no strength to work properly, left hypochondrium worse than the right.

MERC-PROD-IOD^{2C}.

Given to cases of hard chancre caused a number of pimples to appear, changing to pustules resembling small-pox. Verified this in a great number of cases. In children produced frequent green stools. 2C, constant tendency to hawk and spit, frequently cured this symptom with it. 2C, pressive pain in forehead, worse at night, feels as if bruised all over, especially thighs; passes water seldom, but in very large quantities; it soon becomes turbid on standing. Feeling as of a great ball in the epigastrium. Frequently cured the symptom of urine turbid from excess of urates, and being alkaline.

MERC-VIV.^{10M}.

Chilly sensation, with general muscular soreness, mostly in his back; soreness in muscles laid him up for three days.

10M given to a girl six times a day for a week. Great soreness of the thighs to touch; same with the arms, can hardly raise them. Complete loss of appetite. Constipation at first.

Free perspiration in some provers, which does not relieve the soreness.

Sore all over, general shooting pains, can't bear the least noise, back pains him, aching from head to foot, left side of throat more sore than right. Highly curative in several cases of chronic ophthalmia. Great pain in *forehead*, and in *top* and *back* of his head.

Excellent remedy where pus is in the anterior chamber of the eye, judging from my limited experience with it in this trouble. *Merc-corros.* has cured repeatedly scrofulous ophthalmia, disposition to pimples about the face and body like small boils.

10M. Limbs ached all over, mostly on the right side, *espe-*

cially in the small of the back and at the sides; right shoulder joint pained him much, limbs sore to the touch, feverish. He is pained over the eyes when they are moved suddenly. Soreness within, from the larynx to ensiform cartilage; does not hurt him to breathe, but swallowing is painful because of swollen tonsils.

MEZEREUM^{103M}.

Highly curative in severe nervous headaches through the temples. Pains shooting through the eyeball to the back of the head. One of the best remedies in violent ciliary neuralgia, either from disease or after operation; relieves the pain in glaucoma, has been given it often with wonderfully good effect.

MURIATIC-ACID^{5C}.

Heat on top of the head, piles, wants to lie abed, so tired; slight neuralgia on left side of head, slightly sick at stomach, some diarrhoea and pain in the bowels.

MYRICA-CERIFERA^{45M}.

Mist before the eyes, appearance as if of a flame before them. Can't see well. This remedy has not been proven enough to place much dependence on the symptoms.

MYRTUS-COM.^{5C}.

Rheumatic-like pain in the armpits and shoulders; severe joint pains. Promptly relieved and cured distress and bearing-down sensation in uterus, with ovarian soreness.

NATRUM-MUR.^{CM}.

Caused buzzing in ears in a number of cases.

CM (Fincke) has cured a great number of cases of fever and ague given in water every two hours or eight times daily.

CM had a *wonderful effect* in restoring vision in chronic asthenopia. Cured symptom of spots in field of vision.

CM caused sores in mouth resembling aphthæ, often verified.

NITRIC-ACID^{5C}.

Eyes weak, great soreness along the tibia, periosteum sensitive, had to wrap flannels on the legs to relieve the pain; piercing pain in the temples, sores (a crop of them) all around the mouth like small fever blisters.

Oppressed chest, *pain across both buttocks*, throat slightly sore, gums sensitive, *margin of the mouth covered with sores*, rash over her face and forehead, small pimples, no appetite, vomits occasionally, bowels move twice daily, eyes excessively painful and felt too sore to use much, head feels hot; legs (left more than right) very sore in front from ankle to knee; within the nostrils sore.

Rapidly cured cases of syphilitic ulcerated sore throat, syphilitic white patches in the mouth, and many cases of chronic syphilitic ulcerations in various parts of the body, where Iodide of Potassium had been given without effect.

NITRUM^{5C}.

Disposition to bite the lips; a nervous affection, crackling or clicking in ears.

5C arrested most violent attacks of asthma; relieved spasmodic breathing in heart affections.

5C cured a number of cases of painful menstruation, chronic cases, when the flow is delayed and scanty; uterine colic.

NUX-MOSCHATA.

It seemed as if the lower limbs were light as a feather; head felt light as if he had taken ether; numbness in the seat and down the thighs; flighty at night; chilly and feverish; diarrhoea; small stools; straining.

NUX-VOMICA^{94M}.

Passes water more freely; cured the burning on voiding it; relieved a dull, severe pain in epigastrium; felt as if the stomach was sore.

Head became clearer, cured a nervous state and sensation of falling when asleep; nervousness; disposition to nightmare; produced great sneezing; slight soreness in the throat and watery discharge from the nose; burning, scalding on passing urine; sore patches on mouth and tongue; *coated tongue*; can't use tobacco in any way; bowels costive (previously regular); gaping frequently, just as if a person were sleepy; confined him to bed; made him very sick; aches from the top to back of head and neck, which feels stiff; vomits his breakfast; has to force himself to eat.

Frequently relieved the ill-effects of eye strain, asthenopia, and slight intolerance of light.

OLEANDER^{5C}.

Sensation of numbness in upper and lower extremities. Have frequently verified this symptom.

OXALIS^{1M}.

Frequent nose-bleed, not accustomed to this; reading affects her head and type becomes blurred; warm flushes; chilly and nervous; *dragging sensations from hip to groin*; feels as if everything in pelvis would be pressed out; urinates freely; pain in kidney so severe as to cause the prover to be bent to find some relief.

PALLADIUM^{20M}.

Wakeful until two o'clock in the morning; headache across the top of his head from one ear to the other.

Pain in head, just above and behind the tip of the right ear.

PETROLEUM^{CM}.

Has cured very many cases of chronic eczema; parts seem excoriated; the knees feel tired; fatigued easily; thirsty; urinates frequently, and bowels disposed to be loose; slight, dry, hacking cough.

PHELLANDRIUM-AQUAT.^{5C}.

Giddy when lying down; nauseated; slight sore throat.

SOME REMARKS ON HAMAMELIS VIRGINIANA.

DR. BREE.

All provings of this drug show its remarkable influence on the vascular system, especially in hemorrhages of any organ, as mostly the first or second decimal dilution suffices, without the necessity of descending to the mother tincture. It is often indicated in metrorrhagia after abortus, post-partum or from tumors; but in acute arterial flooding needs other remedies. It acts equally well in dysmenorrhœa, amenorrhœa. In too copious and too long menstruation, the flow and the pains diminish, the fullness of the abdomen disappears, the general malaise gives way to returning health. It is nearly indispensable during climaxis. Not only hemorrhages but congestions to any organ are then a good indication.

Hamamelis plays an important part in varices and varicose ulcers, and here it rivals *Carduus-mariæ*. Varices diminish in size and with it the pains diminish, the margins of the ulcers look better, granulations more healthy, and with cleanliness no other treatment is needed. Its action in blind or bleeding hemorrhoids is, too, well known. Most patients suffer also from hepatic troubles and are dyspeptic. Abdominal plethora disappears and with it the hemorrhoidal troubles, meteorism ceases, appetite improves, the features clear up and work again becomes a pleasure. Cold feet and tearing pains cease, bowels become regular under the action of Hamamelis alone.

In cardiac troubles its action is astonishing, removing congestions and stasis, and chronic catarrhs of the intestinal and respiratory organs are often greatly relieved by it. Most patients with heart troubles complain of excessive thirst by day and by night, and it is astonishing what quantities of fluids such patients use up. Hamamelis has the power to moderate or even to stop this thirst, so that sleep becomes more regular and refreshing, and one may well ask whether the cardiac troubles do not originate from an anomaly in the vascular system and abnormal relations of blood pressure. Mostly these abnormal relations are taken

as sequelæ of cardiac defects, and if called early enough Hamamelis might prevent it.

Hamamelis will never produce sleep when nervousness is its cause, but it acts well where anomalies in the vascular system produce it, and here a varicose state gives us a beautiful hint for its application, as it also removes the bad dreams and the mental wakefulness which prevents sleep or allows only unrefreshing cat-naps.

Though highly praised in orchitis, it will only benefit such cases which are complicated with varices, hemorrhoids, tortuous temporal arteries, and other tortuous aspects in diverse parts of the body. The great thirst is hardly found in any other remedy, hence it may be considered a great remedy in adiposity, or rather that fullness of the body found in flabbiness and sponginess of the tissues, dependent on relaxation of the capillaries. Blooming red cheeks may simulate good health, but too often such a dilated capillary system is the cause of such a false plethora. Hamamelis constricts the capillaries, the tissues take on their tension, and the patient feels better by it.

A disposition to chillblains can be removed by taking the drug off and on for a whole year. Urinary difficulties of senility often arise from catarrhs which originated in congenital or acquired anomalies of the vascular system. Headaches, fainting spells of blooming persons are benefited by it, as it at the same time removes the superfluous adipose tissue, diminishes thirst, increases the appetite, and allows refreshing sleep.

Hamamelis urges on a sluggish circulation to do better work, tissue change is thus increased, and blood pressure becomes normal. Yet such a state is often found in many pathological states, febrile or afebrile, and taking this in consideration it may be applicable to many cases where so far it was too often neglected.—*Zeitsdv. d. Berliner ber. hom. Aerzte* x, II. S. L.

THE USE OF REPERTORIES.—This paper, by Dr. Holmes, on page 36, was originally intended for this journal, but was published in the *Medical Advance* as part of the proceedings of the I. H. A. It has since been rewritten and enlarged for our pages.

THE VITAL FORCE DEFINED.

BY THE LATE EDWARD BAYARD, M. D., NEW YORK.

Equalization is Health. The vital force comes from God ; it is a flow. The brain is covered with nerve cells. The vital force enters these cells and flows thence to the extremities.

Each portion of every organ by this flow is operated upon to the performance of those functions for which it was designed by the Creator.

Swedenborg says : " Of man's interior or mental elevation, however, this also ought to be understood. In everything created by God there is reaction. Action belongs to life alone, and reaction is caused by the action of life."

" Now because this reaction takes place whenever any created thing is acted upon, it seems to belong to the thing created ; thus, in man, reaction seems to be his own because he has no sense of life but his own, although he is merely a recipient of life. Therefore it is, that man from his hereditary evils, reacts against God ; but if he believes that all his life is from God, and all the good in life is from God's action, then his reaction becomes the result of the Divine action upon him, and he acts with God as from himself. By simultaneous action and reaction all things are held in equilibrium ; and all things must be so held. This is here stated lest any man should believe that he ascends to God by his own power, and not by the power of the Lord." (Swedenborg's *Divine Love and Wisdom*, Philada. Edition, 1868, page 48, Sec. 68.)

" Consumption is an illustration of hereditary evil preventing the reaction from completing itself into equalization.

" The great thing to accomplish in order to promote health is to restore equalization to all parts of the system.

" This flow of vital force should reach every part. Not only must it reach every part, however minute, but there must be the unobstructed return current or *reaction* which is the cause of equalization. Obstruction in any part of this circuit of current flowing—whether occurring in the direct action or in the

reaction of the vital force is the cause of pain, danger, and death; while equalization, as said before, is life and health.

"Each function can be performed only by its appropriate organ, and by the vital current furnishing that organ with the necessary flow of life for its operation.

"For example; bile can only be secreted by a liver, in the parts of which the vital force passes in the normal ways; sight can only be enjoyed by an eye supplied by the same force.

"This is as true as that no steam power can be utilized without a proper apparatus properly supplied with steam."

CLARENCE C. HOWARD.

64 WEST 51ST ST., N. Y. CITY.

SICK-HEADACHE CURED WITH ONE DOSE OF LACHESIS^{CM}.

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

Six months ago, Mrs. — called on me to say that she was a great sufferer from headache, which always began with dim and aching eyes. It is in the temples and eyes, worse at the right side, a sharp neuralgic pain. If she cannot be still with it she has nausea and very bitter vomiting. Sometimes she cannot lie still a minute, at others she cannot stir. It is brought on by the least fatigue. Keeps her in bed all day, and she hardly gets over one attack before another comes. Mental excitement, like receiving a call, gives her headache. She is very cold with the headaches, and has a very bitter mouth with and after them. She wants to close the eyes with headache, which is relieved by sleep. Smarting in eyeballs and dimness of sight for several days after the headache. Had a terrible time with her heart lately, during the headache; "skipping beats," and soreness about the heart and pain in the side after the headache. Loss of appetite after the headache. Menses regular, painless, too free. Leucorrhœa many years. I gave her one dose of Lachesis^{CM}, Fincke, dry on the tongue. A week later she reported that the headache she had on first visiting me left her as she went from my house, but she has had a constant light

ache in the head ; the head heavy in the morning, but no severe attack. The heart better. No medicine. That was the last I saw of her for nearly six months. When being called to see her for other symptoms, she told me she had wished to come and tell me that what I gave her had completely cured her headaches.

BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

ORDER 37.—UMBELLIFERÆ (CONTINUED).

Æthusa cynapium (Fool's Parsley).—This plant is common in our gardens, and many persons have been poisoned by eating it in mistake for common parsley (*Petroselinum sativum*). It is easy to distinguish *æthusa* from *petroselinum*. The former has three long tail-like appendages or bracts depending from each little umbel. *Æthusa* is said to be good as a carminative to expel wind and relieve colic. It is diuretic, provoking urine, an emmenagogue, inducing the menses. There is a proving of this plant in Hering's *Guiding Symptoms*. It produces tearing, rending pains in the pit of stomach and abdomen, followed by nausea and vomiting, cramps in stomach, painful contractions, with cries and anguish, eructations, violent vomiting of frothy, curdy, milk-white substances. Pains in the kidneys with cutting in the bladder, with frequent urination or stoppage of urine. It suppresses the monthly period, producing lancinating pains.

Pastinaca sativa (Wild Parsnip).—Not much used in medicine, but is said to be diuretic and good against gravel and jaundice; it is also emmenagogue. The roots when *uncultivated* are said to be poisonous, but under cultivation they are sweet and wholesome, and highly nutritious. In some parts of Ireland the root of the parsnip is brewed instead of malt, and fermented; the liquor obtained is said to be agreeable. The oil obtained from the seeds is said to cure some forms of intermittent fever. Parsnips are also grown for cattle-feeding; animals grow very fat when fed on them.

Heracleum sphondylium (Cow-parnsip, All-heal).—Very

common in our hedges. In Siberia this plant grows extremely high, and is there used as a remedy for dysentery. As long ago as the time of Galen this plant was esteemed as a remedy for cough with shortness of breath, epilepsy and jaundice. It has been used to remove the hard skin from fistula; it has been found useful in removing lethargy, and stupors; running scabs and shingles; also in discharges from the ears. There is some proving in Allen's *Materia Medica*; among other things it produces indolence, moist eruptions, etc.

Daucus carota (The Wild Carrot).—This plant is believed by most botanists to be the original stock from which the garden carrots have sprung, although Miller states that he in vain endeavored to improve the quality of the wild plant by cultivation.

The cultivated root of the carrot scraped and applied in the form of poultice is a well-known application for phagedænic ulcers, cancers, and putrid sores. The boiled root, although difficult to digest by weak stomachs, is very nutritious.

The wild carrot has been much esteemed as a remedy for flatulent colic, and to remove stitches in the side; it is diuretic and emmenagogue; it is said to break and expel stones from the bladder and kidneys; it is also said to help conception, and is useful in hysteria. I believe there is no proving of the plant, although it has been used somewhat in homœopathic practice.

Cherophyllum tenuifolium (Rough Chervil).—This plant is said to make a very agreeable salad. Its medicinal virtues are many. It has been used with benefit in flatulent conditions, and in consumption of the lungs; it is emmenagogue, and is said to promote expulsion of the placenta; it increases appetite for meat; the juice is healing if applied to ulcers; it is said to protect against infection of various plagues; it is perfectly harmless.

TANNIN POISONING.—The fauces of a young gentleman were flushed over with a solution of Tannin 1.15, which was immediately followed by great swelling of the mucous membrane, obstruction of the nose, and copious watery secretion, great cedema of the uvula and of the soft palate. An hour later dullness of the mind and unbearable itching followed by an universal urticaria.—*Translated by S. J.*

HOMŒOPATHIC DILUTIONS.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I have been waiting for time, and "the spirit to move me" to say something regarding your editorial in the October number of THE HOMŒOPATHIC PHYSICIAN, at page 377.

In all of the universe of "matter" and "force" there is nothing more strange, mysterious, or inexplicable than the operation of "*homœopathic*" remedies.

It seems to me that your explanation partakes too strongly of the "*material*."

It seems to me, further, that any explanation that we may offer from a materialistic stand-point, is far from satisfying. Any explanation, in fact, that can be offered is only speculative.

Disease is not an entity. What better can we call it than "*perverted energy*"? The varying phases of disease are owing to idiosyncrasy, predisposing and exciting causes.

Homœopathic remedies are not entities, but are the different forms or modes of energy inherent in substance.

By the processes of trituration, succussion, etc., these different forms of energy are transferred to inert media, and there held in suspension, ready for use. There is no substance but is possessed of some form of energy, when subjected to those conditions which call it into action.

Drug, or remedial energy, like disease energy, belongs to the realm of metaphysics; and can only be studied by their metaphysical relation to each other, and by their effects, and not by their physical properties, or any natural (as popularly understood) phenomena; and are not amenable to the laws governing material things.

The force inherent in the Natrum-muriaticum crystals is that peculiar energy which makes it Natrum-muriaticum and not Natrum-sulphuricum, or any other substance. By triturating those crystals with sugar of milk, the *material* of the salt is dissipated, and its peculiar energy transferred to the sugar of milk. This process of trituration, succussion, etc., does not, as

some claim, convert the whole mass into a *dilution* of Natrum-muriaticum, but gives the *impulse* which transforms the whole into a *potentization* of Natrum-muriaticum, possessing peculiar but wonderful properties, differing widely from the original crude material.

Given a case of "perverted energy" (sickness), the symptoms of which call for the exhibition of Natrum-muriaticum (or any remedy). *We cannot explain* how the remedial energy operates to cause a suspension of those symptoms, or a return to healthfulness, any more than we can explain how the apple falls, or the grass grows; that is where the mystery lies. All we can say is that it is a manifestation of the operation of remedial energy, in accordance with the law of similars; and all that we can know about it is that the effects are sure and unvarying.

It is the energy, liberated as it were from its prison in the crystal that is operative in the potentized (dynamized) preparation of the Natrum-muriaticum (or any other substance), and shows its effect when brought into company—so to speak—with its nearly-related similar disease energy, and explains why it is comparatively inert in the substance, or crude material.

"Matter is made up of atoms," as you say. But matter as such is void of force or energy, and it is only after all of the physical characteristics of matter have been destroyed, far beyond the reach of the most delicate tests of science to detect, that we obtain that energy which is capable of moving in that higher realm of life where disease energy is manifested.

S. MILLS FOWLER, M. D.

GAINESVILLE, TEXAS, Dec. 25th, 1891.

HOMŒOPATHIC DILUTIONS.

RUFUS CHOATE, M. D., WASHINGTON, D. C.

The editorial in THE HOMŒOPATHIC PHYSICIAN for October, 1891, is, I think, open to criticism. In the illustration of the marbles in the cigar box, suppose the bottom of that box is perforated, and your desire is to send the curative marble through

the box into the field where the cause of the disease exists. Taking out a certain number of marbles will not diminish the size of the last marble to a stage capable of passing through the perforated bottom.

Whilst I have spoken only of the *bottom* of the box being perforated, actually to make a clearer representation of the subject, the top also of the box should be perforated with holes very much smaller than the diameter of the marble within the box. Now, when the attrition of the marbles by shaking and their loss of weight by friction have become sufficient to pass out through these small holes they will be the representative of the potentized drug.

Permit me to refer to the manuscript of my ten-years-hence-to-be-published book and quote the following :

“Minuteness of dose does not mean the spiritualization of the drug. Diseases are not entities, to be sure, but when they reach the comprehension of man they are material efforts appearing upon a material plane. Potentiation, or, if you prefer the word attenuation, spiritualizes nothing. He who can measure, analyze, and thoroughly describe the shape of an atom of the first potency will as surely believe in its materiality as he will believe in the materiality of the crude drug. If the first potency does not remove the drug from the material plane neither will the 100,000. That an atom passes out of the range of our present ken does not prove its loss of materiality ; greater powers to-morrow will make it distinctly visible and show it the prey of thousands of foes smaller than itself. We may potentiate, or attenuate to the end of the finite, and the material will be none the less matter,” etc.

Let us return more especially to the question, Why is it that common salt can be taken as food and not act at the same time curatively where Chloride of Sodium is the appropriate drug?

Suppose the body to be divided into one hundred sections and the meshes of each section to be one thousand times finer than the meshes of the preceding lower section. Number these sections from No. 1, the lowest and most external to No. 100, the highest and most interior. Suppose again that the disease for

which Natrum-mur. is the appropriate remedy has penetrated the system to the depth of the fiftieth section. The crude common salt will enter only so far as its atoms can penetrate through the meshes; say at section No. 1. Then potentiation, that grand discovery of our honored master alone, can avail to carry the benign influence of common salt to the portion of the system where it is needed to cure the disease.

MEDORRHINUM.

THOMAS WILDES, M. D., KINGSTON, JAMAICA.

On treating of this polycrest, I shall premise by saying that all cases of favus in infants or young children—otherwise *tinea capitis*, *porrigo*, *tinea vera*, or scald head—are owing to suppressed gonorrhœa in one or both of the parents, usually, though not invariably, in the father.

I also include in this, *ophthalmia tarsi simplex*, where the margins of the lids are scurfy, scaly, and often angry red, with shedding of the lashes. This red, angry, diseased condition of the skin of the face or scalp may also extend down the back of the neck, down the back, and even under the perineum, involving the genitals.

In one instance, in a girl of eleven years, who had been treated by many physicians and usually with salves and ointments until her general health was much impaired, I found the face mottled with a profusion of red, scurfy sores, the eyelids involved and nearly denuded of lashes, the hairy scalp one diffuse mass of thick, yellow scabs, from beneath which oozed a highly offensive mixture of ichor and sebum. And, passing from the scalp down the back of the neck, down the back, under the perineum, including the genitals, and extending upon the pubes, was a fiery-red band as broad as the child's hand, oozing a pale yellow serum which caused her clothing to adhere to her body.

This was a case where Iris-versicolor, Lycopodium, Graphite, Sulphur, and many other remedies, would ordinarily be used, often with great benefit, but never to a cure. I boldly told the

mother that I would cure the case, but that it would surely get much worse for the first three months. This latter she did not object to. I gave one dose of Medorrhinum^{cm} (Swan), on the child's tongue, and a vial of Sac-lac. in pellets, to be taken every night, with orders to return in one month. The external appearance of the case grew rapidly worse, sure enough; but the child's appetite, sleep, and general health steadily improved, and in nine months she was utterly well, and continued so during the two years that I watched the case, in which time she developed as a woman without any abnormal symptoms.

My first cure of the kind was in a child of about six years who was horribly disfigured by *tinea capitis*, the scalp being a mass of dense scabs exuding fetid ichor, and the only semblance of hair being a few distorted stumps of roots ending in withered points instead of hair. Her parents actually wished her dead, and openly said so. She had been afflicted since an infant, was steadily under medical treatment, and considered hopeless. One dose cured her in a few months, and, more than that, she is now a healthy, happy young lady of twenty years, with a beautiful and luxuriant head of golden chestnut hair. She is the brightest and most talented in a family of seven very bright children, the youngest of which is now twelve. She graduated from a well-known ladies' seminary, with the highest honors of her class.

Many able writers state that they deem an internal treatment of favus both useless and ineffectual. But before they reiterate the statement I trust they will give one dose of Medorrhinum^{cm}, and see each of their cases again at the end of a year.

Others claim that "favus is a disease of the lower classes, attacking only those who pay no attention to cleanliness." This also is a mistake.

Favus, when derived from the father, is liable, if suppressed, to end in hydrocephalus, in capillary bronchitis, in serious teething diarrheas, in cholera infantum, or some such ailments, often resulting in death. When derived from the grandfather, consumption and other lingering diseases more often follow.

The close relation, both direct and indirect, between gonor-

rhœa and phthisis I believe to be sufficiently established to no longer occasion much controversy.

Every obstetrician must have encountered numerous cases where infants of a few days or a few weeks old develop a fiery-red rash about their genitals and bottoms, often accompanied with profound constipation and hard, dry stools, showing that the mucous lining of the bowels is also involved in the eruption. In such cases it is not necessary to ask the father if he has ever had gonorrhœa, but simply give the infant one dose of Medorrhinum^{cm}, and instruct the mother to keep the parts well powdered until the rash goes away, for she is sure to repeat at each visit that "baby's dear little water scalds it terribly."

My observations have led to the belief that trichiasis and distichiasis are often due to inherited gonorrhœa. I have treated such cases accordingly, and with good results.

The relation between rheumatism and gonorrhœa, both immediate and remote, is too patent to require elucidation here. In every family where rheumatic ailments, and I may also add lung troubles, are prominent, I am always prepared to say that the grandfather or the great-grandfather could a tale unfold that would harrow up the soul. The latent elements are thus in the blood of the offspring, and it only requires the necessary exposure or other inspiring cause, for disease action to commence. In acute cases of rheumatism Medorrhinum is contra-indicated because of the violent aggravation it produces. In chronic cases it is ultimately curative.

Many physicians must have noticed the close relation between rheumatism or gout, paralysis, phthisis, and insanity—the four sometimes occurring in one family or their cousins. Now the problem is, how much of this is due to inherited gonorrhœa in cases where no definite evidence exists of a syphilitic lesion? I claim that either with or without the syphilitic taint in any given case, the basis of origin of these diseases is gonorrhœa. And may it not be that this gonorrhœa taint is what Hahnemann described as psora—that hydra-headed monster which has baffled so many in their efforts to understand its genus and species, and thus caused them, honest men though they often are, to turn against Homœopathy and its tenets?

And now a word concerning the original, *simon-pure*, daddy of all evils, gonorrhœa in its original state. There are about twenty varieties, from the most simple and bland to the most active and virulent; hence they do not and cannot all affect the human system in the malign and permanent manner as above stated: nor can they all be cured by the same treatment. I have cured many cases rapidly with one dose of *Medorrhinum*, and the same remedy in other cases has produced such violent aggravations and such grave constitutional disturbances that its use has occasioned me only regrets. Hence I have long ago ceased to use it in any case of primary gonorrhœa.

And I may add, that for fear of results, I have never used it in the acute exanthematic stage of scarlatina, because I attribute the virulence and malignity of some scarlatina cases to latent gonorrhœa in the father, and not to any fault of the doctor. Let the reader picture to his mind the appearance of the tonsils and of the whole palatine arch in a malignant case of scarlatina, and then draw the parallel between that and the appearance of the derma in favus, ophthalmia tarsi, or any angry eczema.

Pneumonia, pleuritis, peritonitis, and such are but too often owing primarily to a gonorrhœal taint, responsive to a proximate cause. Hence one dose of *Medorrhinum* will often hasten the cure where there is a tendency to relapse. In the acute stage, when the pain is intense, especially at night, and the patient sleepless, *Psorinum*^M, a dose every night, acts charmingly.

In dangerous cases of cholera infantum, the patient perhaps sinking and a tendency to marasmus, one dose of *Medorrhinum* often turns the tide and promotes a cure, the only stumbling block being the difficulty of differentiating between the mild psoric, the gonorrhœal, and the syphilitic, or sycotic taint of the blood of the child. This knowledge comes from experience and observation.

Medorrhinum will be found curative in many cases of obstinate marasmus in children, even after *Syphilinum* has failed, and usually one dose is sufficient. One case that I cured grew up to be a fine boy, and when past eight years of age he had the audacity to drown himself in the East River at the foot of

Eighty-sixth street, where he had gone to swim with some older boys. He thus spoiled a beautiful case that I was watching with great interest. I began to treat him when he was twenty months old, still nursing from his mother, and when not nursing he was crying night and day. He was very emaciated, and had been given over to die after a consultation by two able men. Then I was called. After a few weeks he rapidly improved to complete recovery. Subsequently, I treated the father for stricture, and obtained a history that confirmed my belief when treating the child, and made me happy, because my experience with Medorrhinum was then slight, and I was gradually learning to place upon the Medorrhinum shelf the diseases which belonged there.

Inherited gonorrhœal taint must be regarded as the leading factor in cases of basilar meningitis of children, and either the inherited or acquired variety is invariably present in cases of idiopathic cerebro-spinal meningitis, whether conjoined or separate. The efficacy of Medorrhinum is doubtful in basilar meningitis. But in cerebro-spinal meningitis one dose of it is surprisingly beneficial after a few doses of *Cimicifuga* has allayed the first anguish of the case. So soon as convalescence sets in, I then change the *Cimicifuga* to *Lycopodium*, with best results.

Able writers have shown that latent gonorrhœa in a man will produce a long train of evils in his wife as serious as that of latent syphilis or sycosis, often eventuating in sterility and even early death. Among these evils may be enumerated ovarian tumors, ovaritis, salpingitis, metritis, para- and endometritis, pelvic peritonitis, etc. Modern gynæcologists recommend operation and enucleation of the affected part. I recommend a few doses of Medorrhinum in cases that manifest no definite syphilitic lesion—when Syphilinum would then take precedence—and wait a few months for the cure which is almost sure to follow. It is worth trying. I have tried it and met with gratifying results in the restoration to health of my patients.

In short, when the gonorrhœal taint is present, give one or more doses of Medorrhinum; only rarely, if ever, give it in the *acute stages* of a disease.

IS IT HOMCEOPATHY OR ISOPATHY?

EDITOR OF THE HOMCEOPATHIC PHYSICIAN :

I do not intend to say that the potentization of a morbid virus makes it homœopathic to any and every disease whatever, but I should have stated more clearly that it would be homœopathic, as Hahnemann says, to the "*identical virus*" with which the organism is tainted. The virus that causes a specific disease—for instance, malarial fever—is an entity, but is made to appear as different diseases by the personality of the patient. There are a number, perhaps all zymotic diseases, which are brought into existence by blood-poison; hence in the initiative stages Pyrogen will be found to modify the condition by curing the blood-poison, and often will effect an entire cure, especially if no other latent miasm is awakened. To a greater or less extent the access of measles, scarlet fever, small-pox, typhus fever, yellow fever, malarial fever, and blood-poison are similar. In all are found the initial chill, fever, pains in the lower extremities, backache, headache, nausea, vomiting, and a feeling of prostration; sore throat, general malaise, and often delirium and convulsions.

If an exhaustive proving of Pyrogen were made it is probable that the symptoms of all of the diseases would appear. There are plenty of young men and women who would make the proving if they were thoroughly informed concerning it. In reading the splendid proving of *Lac-caninum* by Dr. Morgan—the symptoms so significant of diphtheria and which have rendered it the most valuable remedy in that disease, never kept her in the house a day. If any willing to prove Pyrogen will confer with me, I will give them the best potency and full advice for their guidance.

SAMUEL SWAN.

FOOT NOTE.—See THE HOMCEOPATHIC PHYSICIAN for November, 1891, page 425, and December, pages 443, 444.

BOOK NOTICES.

AGE OF THE DOMESTIC ANIMALS. Being a complete treatise on the dentition of the horse, ox, sheep, hog, and dog, and of the various other means of determining the age of these animals. By Rush Shippen Huidekoper, M. D., late Dean of the Veterinary Department, University of Pennsylvania. Philadelphia (1231 Filbert St.) and London, the F. A. Davis Co., 1891. Complete in one handsome royal octavo volume of 225 pages, bound in extra cloth. Price, in United States and Canada, post-paid, \$1.75 net; Great Britain, 10s.; France, 12 fr. 20.

This work, fully illustrated, will fill the long-felt need of a practical textbook of the ordinary subjects pertaining to domestic animals. The author has drawn freely in quotations from French, German, and Italian works. The age of the domesticated animal is a matter of great importance in agricultural commerce, as in the limited period during which each of them is individually useful, a comparatively short line diminishes greatly the extent of usefulness to which each can be put, and consequently lowers its value as an investment. This book is invaluable to owners of animals and especially to physicians as an aid in purchasing horses. All should have one.

ANNUAL REPORT OF THE POSTMASTER-GENERAL OF THE UNITED STATES, FOR THE YEAR ENDING JUNE 30TH, 1891. Washington, Government Printing Office, 1891.

The Postmaster-General's annual report, just made public, shows that the usual annual deficit in the finances of the Department is gradually but surely disappearing. It amounted for the last year to only a little more than \$6,000,000. The increase of the revenue last year, in spite of the loss on the transportation of lottery mail, is over \$5,000,000.

The report describes in detail the plan by which promotions have been made during the year within the Department itself, and also recites how this general plan is to be extended to the whole service.

The Postmaster-General recommends this year the adaptation of the telephone, as well as the telegraph, to the postal system, showing that it is not only the constitutional privilege, but the duty of Congress to utilize all the means of modern science for quickening the transmission of intelligence.

Mr. Wanamaker believes in the full parcels post, but does not recommend it at present. He urges the abolition of personal suretyships of postmasters, as they are too frequently under obligations, which damage the service. He proposes to extend the money-order system everywhere.

Mr. Wanamaker describes the pneumatic-tube system of Berlin and London, and strongly recommends their adoption in this country. He insists that they would pay, and records several attempts at beginning such a service. A wonderful cancelling machine, which prevents the delay of letters in the post-offices in stamping, has been employed and a still more wonderful automatic electric stamper is in process of examination.

The Postmaster-General argues strenuously for chances to make deposits for people beyond the reach of savings banks.

SPECIFIC DIAGNOSIS. A Study of Disease, With Special Reference to the Administration of Remedies. By John M. Scudder, M. D., Professor of Pathology and the Practice of Medicine in the Eclectic Medical Institute, Cincinnati, Ohio. Ninth Edition. John M. Scudder, Publisher, 1891. Price, \$2.50.

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. Fourth Revision. With an Appendix containing the Articles published on the Subject since the First Edition. And a Report of Cases Illustrating Specific Medication. By John M. Scudder, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, etc., etc. Thirteenth Edition. Cincinnati: Published by John M. Scudder, 1890. Price, \$2.50.

These two well-bound and well-printed little volumes of Dr. Scudder go together. Where one is read the other should be consulted. They go hand in hand. They represent the so-called Eclectic Practice as it is taught in the parent school of Eclecticism, at Cincinnati.

As a matter of course, we, as homœopathists, can have no use for such works. With us Hahnemann's *Organon*, his *Chronic Diseases*, and *Materia Medica Pura* constitute all we need to successfully combat all physical and spiritual ailments of humanity.

We can only regret that works of this kind are in print at all, as many allopathists, by reading them, are prevented from investigating Homœopathy, thinking, as many really do, that Dr. Scudder is a homœopath. Homœopathy and Eclecticism have nothing in common. W. S.

AN ABSTRACT OF THE SYMPTOMS, with the latest dietetic and medicinal treatment of various diseased conditions. New York, Reed & Carnrick, 447 and 449 Greenwich St., 1891.

This small volume gives the latest views in relation to digestion and assimilation and their diseases, with the treatment of the same from the standpoint of the regular school of medicine. The treatment recommended, however, is

with the elegant specialties made by Messrs. Reed & Carnrick, whose advertisement appears on advertising page 3 of this number of the journal.

THE HAHNEMANNIAN CONSULTATION BLANK. Arranged and published by S. Mills Fowler, M. D. Gainesville, Texas, 1891.

This little pamphlet of $5\frac{3}{4}$ inches by 3 inches, and containing about fifty pages, is designed for physicians as a guide in examining their patients. It contains lists of all the symptoms patients are most likely to have, with spaces for check-marks. The arrangement is very like the lists given in the directions for examination in Dr. Wells' book on Intermittent Fever, now being published in this journal. Dr. Fowler's little book ought to be a great help to the practical physician.

W. M. J.

ALL AROUND THE YEAR. A Calendar for 1892. Boston: Lee & Shepard, 1892. Price, 50 cents.

This calendar consists of a series of cards—one for each month—containing the calendars for the months, and colored illustrations of an infant in various amusing attitudes. Very pretty as a souvenir and Christmas card.

NOTES AND NOTICES.

Dr. WALTER E. HARVEY has removed from 154 Green Street, to 10 Magazine Street, Cambridgeport, Boston, Mass.

Dr. JOHN H. CLARKE, of London, England, has removed from Harrington Road, to No. 30 Clarges Street, W., Piccadilly.

E. B. TREAT, PUBLISHER, NEW YORK, has in press for early publication the 1892 *International Medical Annual*, being the tenth yearly issue of this deservedly popular work.

Its corps of thirty-five editors are specialists in their respective departments, and have been carefully selected from the brightest and best American, English, and French authors.

It is the embodiment of what is worth preserving of the current medical journals of the world for the year, and will contain six thousand references to diseases and their remedies.

The service rendered the profession by this annual cannot be over-estimated, and it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge.

This index of new remedies and dictionary of new treatment, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student, and chemist.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.—The homœopathic hospital attached to this college has grown to such proportions as to need a new

building. The old building contained forty beds. The new building will accommodate two hundred and fifty. An interesting and detailed account of this project may be found in the *Boston Herald*, of December 26th, 1891.

THE DREVET MANUFACTURING CO., who manufacture the Peroxide of Hydrogen advertised in this Journal, have moved their laboratory to No. 28 Prince Street, New York City.

THE GLOBE PATENT AGENCY, of Washington, D. C., has issued a neat little book *On Patents and Kindred Topics*, telling just how to procure patents, copyrights, and trade-marks. It may be obtained free of Collamer & Co., 615 F Street, Washington, D. C.

THE AMERICAN ANTI-VACCINATION LEAGUE has recently been started in the United States for the purpose, as its name implies, of abolishing vaccination. Its officers include the names of some well-known homœopathic physicians, as will appear from a perusal of the following list: President, E. W. Sawyer, M. D., of Kokomo, Indiana; First Vice-President, T. Dwight Stow, M. D., Mexico, New York; Second Vice-President, Alice B. Campbell, M. D., Brooklyn, N. Y.; Third Vice-President, Alexander Wilder, M. D., Newark, N. J.; Director, H. Hitchcock, M. D., New York; Corresponding Secretary, E. C. Townsend; Treasurer, Prof. O. M. Curtis, B. A., C. E.; Attorney, Thos. M. Wyatt. The headquarters of the League are in the office of Dr. Hitchcock, 19 Broadway, New York. Any one opposed to compulsory vaccination may become a member of the League on the payment of one dollar in annual dues. All are solicited to become members.

A REFUGE OF LIES.—Dr. Wm. F. Waugh, of Philadelphia, aptly terms the hypodermic syringe the refuge of lies, because so many doctors carelessly and hurriedly resort to it to bring their patients relief, rather than seek and root out the cause of pain.—*The Doctor*.

DR. MEYER BARUCH, who was one of the oldest German homœopathic physicians in New York was found dead on a lounge at his office, No. 183 Lexington Avenue, on Saturday afternoon, December 19th. He came to New York forty five years ago, and since then had been in active practice. He was seventy-five years old. The cause of his death was heart failure, brought on by work that was too hard for a man of his age. He was active in many charities and was a familiar figure to hundreds of people on lower Lexington Avenue. His widow, two daughters, and two sons, Drs. Emanuel and Simon Baruch, survive him.

W. B. SANDERS, publisher, 913 Walnut Street, Philadelphia, announces the following new books:

An American Text-Book of Surgery. By Professors Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson, and Warren. Forming one handsome royal octavo volume of about 1,200 pages (10x7 inches), profusely illustrated with wood-cuts in text, and chromo-lithographic plates. Many of them engraved from original photographs and drawings furnished by the authors. Price, Cloth, \$7.00; Sheep, \$8.00.

An American Text-Book of the Theory and Practice of Medicine, according to American Teachers. Edited by William Pepper, M. D., LL. D., Provost of the University of Pennsylvania. To be completed in two handsome royal octavo volumes of about 1,000 pages each, with illustrations to elucidate the text wherever necessary. Price, per volume, Cloth, \$5.00; Sheep, \$6.00; Half Russia, \$7.00.

DEATH IN THE COMMUNION CUP.—READING, November 8th.—Dr. John Ege of this city, who is paying special attention to bacteriology, in an interview says there is great danger in the method of administering communion.

"Do you believe that disease is communicated in passing the cup from one to another?" was asked.

"Most assuredly; not only by the communion cup, but by any other drinking vessel used by more than one person, or any article used by people with contagious diseases, or by the pernicious habit of kissing on the lips."

"How are the diseases communicated?"

"By means of the saliva from the mouth, which is left on the edges of the cup."

"Have you any remedy to suggest?"

"Communicants should be provided with their own cups, and when called to the altar receive the wine from the clergyman. I examined one drop of saliva on a glass used by a consumptive in the last stages, and found nearly a million of living tubercle bacilli in the single drop."—*From the Philadelphia Public Ledger and Daily Transcript.*

PATENTS.—The attention of our readers is directed to the advertisement of Munn & Co., patent solicitors, on fourth page of cover. Their name is familiar to patentees throughout the country. In connection with the publication of the *Scientific American* for the past forty-five years, they have made the drawings and specifications for more than one hundred and twenty thousand inventions, and their facilities for obtaining patents were never better than now.

THE ASSOCIATION OF MILITARY SURGEONS of the National Guard of the United States will hold its second annual session at St. Louis, April 19th, 20th, and 21st, 1892. An interesting programme of addresses by prominent surgeons of the National Guard and the United States Army has been arranged, and a goodly number of scientific papers on military and accidental surgery will be read and discussed, and all matters pertaining to the health, usefulness, and welfare of the civilian soldiers will receive attention. It is anticipated that not less than five hundred surgeons and assistant surgeons of the National Guard of the United States will be in attendance, to all of whom the Committee of Arrangements extend a most cordial welcome.

THE YALE SURGICAL CHAIR, illustrated on advertising page 6 of this journal, is the most remarkable invention of the kind we have ever seen. It is everything that is claimed for it in the advertisement. We know whereof we speak, as a sample chair graces our office, where it may be seen by any member of the profession who is interested.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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MARCH, 1892.

No. 3.

EDITORIAL.

THE FIRST PARAGRAPH OF THE *Organon* reads thus: "The first and *sole* duty of the physician is to restore health to the sick. This is the true art of healing."

At first sight this would seem to be a surprising and superfluous declaration to make, since the whole idea of medicine is the cure of the sick.

When, however, one has really gotten into the current of thought of the medical men of to-day and examined their processes, it is apparent that there is great need of the first paragraph of the *Organon* to recall physicians to their actual duty.

Having made of disease an entity, and having built up elaborate theories of pathological action of the tissues, and having withal based prescriptions upon these theories, they have met with so many failures in their efforts to cure that they have despaired of ever bringing therapeutic measures to a condition of efficiency and reliability. Skepticism of the value of *any* curative measures has slowly and surely taken possession of the best minds in the profession, and they have, in consequence, turned their attention to an investigation of the causes of disease and of the nature of the pathological processes involved. They have pushed these investigations to a great length with amazing perseverance, industry, and ingenuity. The most minute and painstaking examinations of

every perverted action of the system and morbid change in the tissues have been made in the intense desire to solve the problems afforded by the various phases of disease. So absorbed have these investigators become in their keen quest that they have lost sight of the prime object of all medical learning, the relief of the patient. They seem to think that their whole duty to the patient is done if they "find out what was the matter." Indeed a physician has been heard to exclaim triumphantly, after the death of his patient: "Well, I found out what was the matter, and that's the principal thing after all."

This close examination of minute changes in the tissues has caused more or less forgetfulness of the contemplation of all the phenomena which go to make up the case as a whole. They forget to consider the case as a "sick individual." Consequently their measures are directed to individual symptoms, and to theoretical considerations of the effect of drugs upon particular pathological processes.

Thus they become, on the one hand, symptom coverers, and on the other pathological theorists. Meanwhile for want of a perspective view of the case as a *sick man*, the patient languishes and may die. It is no wonder, therefore, that Hahnemann opens his argument for Homœopathy with the proposition "the first and *sole* duty of the physician is to restore health to the sick."

Whoever faithfully applies the homœopathic law, with the single remedy, and minimum dose, is at once placed in a position to carry out this first proposition of Hahnemann. His obedience to the law of similars will lead him to examine the patient as a whole; taking account of every symptom, ignoring none, attributing none to imagination because not explainable by the pathological knowledge of the day. No loss of time in the helping of the patient occurs because of elaborate microscopical examinations. The time that might be expended upon these investigations is used in selecting and applying the true simillimum, and thus he arrives at "the perfection of a cure" which, as stated in paragraph second, "consists in restoring health in a prompt, mild, and permanent manner."

NOTES ON SCIATICA.

B. SIMMONS, M. D., SIDNEY, NEW SOUTH WALES.

The following notes on Sciatica together with the repertory were originally compiled for my own use. They have proved of immense service to me ; so I indulge the hope that they may be helpful to others.

Some of the most brilliant successes that our school has achieved have been in the treatment of the above-named malady, for the cure of which allopathy appears powerless. Indeed it is only by the administration of the most carefully selected homœopathic remedy that satisfactory results may be obtained, My own experience is strongly in favor of the higher and highest potencies administered in the way recommended by our most careful observers, and most faithful followers of Hahnemann. The following *accidental* cure of a chronic case of sciatica by the administration, subcutaneously, of three doses of Osmic acid (100th of a grain being given on each occasion) is worth recording.

A. B., aged forty years, male, disease began on the left side, then went over to the right, when situated in the former position body was drawn over somewhat to the left side, pains aggravated by sitting, relieved by standing and walking, when the *right side* became involved there was a settled burning up the left leg to left hip, there were also shooting pains *upward* alternating with the burning, sensation of band of iron round calf of leg, stiffness of affected part, loss of power, and general emaciation, at times sensation of pricking in the toes, *general aggravation* from cold at night in bed, from lying on painful right side, from any jar of the bed, in wet weather. The case had lasted about two years, the cure was effected in a comparatively short space of time.

NOTES ON SCIATICA.

B. SIMMONS, M. D., SYDNEY, NEW SOUTH WALES.

Aconite.—Aggravation from chill in cold air, with restlessness without relief.

Ammon-mur.—Sensation of tension. Aggravation when sitting.

Arsenicum.—Shooting pain, burning pain like fire, with great restlessness without relief, heat relieves; better by flexing limb.

Belladonna.—Pain as if beaten. As if the bone was carious. Gnawing in the bones. Tearing pains going upward. Aggravation when sitting, better by warmth, standing, becoming erect, walking. Restlessness of legs.

Berberis.—Aggravation from changes of weather, and before boisterous winds.

Byronia.—Aggravation from *motion, least motion*, from sitting up and in the evening, better by cold applications and rest and by lying on painful side.

Capsicum.—Shooting, tearing pains. Aggravation when coughing.

Chamomilla.—Drawing, tearing, pains, cramp-like tension of the muscles, left side chiefly, with marked irritability.

Coffea.—Rending, shooting pains. Aggravated when walking in the afternoon, at night.

Colocynth.—Crampy pain, as if screwed in a vice, pains shooting downward like lightning, psoas muscle feels too short, drawing pain extending to knee, muscles of the thigh stiff and tight as if screwed up, sensation as of a band of iron round part. Aggravation in the evening and when walking. Better by stooping forward, lying on painful side, and by drawing up the leg; right limb chiefly affected.

Drosera.—Pressing pain, aggravated from pressure, from stooping, and from lying on the painful part, better after rising from bed.

Ferrum.—Aggravation in the evening until twelve P. M., better by walking, restless, must get up and walk.

Gnaphalium.—Intense pain along the sciatic nerve, numbness alternates with pain. Aggravation walking.

Ignatia.—Lancinating, cutting pains, beating, bursting pains, aggravated in winter, better in summer, chilliness with thirst, flushes of heat, chiefly face, without thirst.

Iris.—Shooting pain, pain as if wrenched, sensation as of dislocation. Aggravation sitting down and gentle motion. Better by violent motion. Left hip affected.

Kali bich.—Pains extend to the knee, left side affected. Aggravated from pressure.

Kali-carb.—Crampy, tearing pains, pains as if bruised. Aggravation from movement. During sleep pains felt.

Kali-iod.—Gnawing in the bones, darting in left hip, tearing in the right thigh and knee. Aggravation when walking, at night, lying on painful side or back.

Kreosote.—Pain as if dislocated, in left thigh, boring pains alternate with numbness, leg feels too long when standing.

Lac-can.—Pains change frequently from one side to the other.

Ledum.—Pressure in the right hip, pains going upward. Aggravation from motion, heat of the bed, in the evening till twelve P. M.

Lachesis.—Pain as from a hot iron, right side, left side. Aggravation when sitting, walking, after sleeping, rising up erect. Better by lying still in bed.

Lycopodium.—Tension in the left hip, with jerking of the limbs. Aggravation every four days.

Natrum-sulph.—Piercing pain in the left hip, right side also affected. Aggravation, stooping, rising from a seat, moving in bed, lying long in one position, rest. Better by motion (left hip).

Nux-vom.—Pains darting upward, numbness. Aggravation in the morning, turning the body round; night, lifting; motion, during stool. Better from applications of hot water.

Phytolacca.—Shooting pains, cutting pains, drawing pains; right side, pains go downward. Aggravation at night.

Plumbum.—Drawing, pressing pains, with muscular atrophy, with exhaustion from walking. Aggravation, walking.

Podophyllum.—Tenderness to pressure, left hip. Aggravation, ascending.

Psorinum.—Dislocation pain, tension, arms weak. Aggravation, walking.

Rhus.—Numbness. Aggravation, over-exertion, night, rising from bed, rising from a seat, cold or damp weather. Better by rubbing, heat, becoming warm from exercise, from continued motion, change of position. Right side affected, restlessness, with relief for a short time by movement.

Rhododendron.—Aggravation in stormy weather.

Ruta.—Bones feel bruised, hamstring muscles feel shortened, broken feeling in the bone. Aggravation, beginning to move, rising up, sitting, lying, better by walking. Restlessness, must continue walking, sleep prevented thereby.

Sepia.—Lancinating stitches. Aggravation, rising up, three to five A. M. Better after rising from bed, by walking slowly, and during pregnancy. Veins swollen.

Stramonium.—Left side, drawing pain in thigh and knee.

Valerian.—Pain as if the thigh would break. Aggravation, standing.

Tellurium.—Right side. Aggravation, during stool, coughing, laughing, lying on the painful side.

REPERTORY.

Band, around part, like an iron. Coloc.

Beaten or bruised, as if. Bell., Kali.

— — *as if bone were.* Ruta.

Bone, pains in. Bell., Kali-hyd., Ruta, Valer.

— — *as if broken.* Ruta.

— *break, as if the thigh would.* Valer.

— *as if carious.* Bell.

— *gnawing, shooting.* Bell.

— — *in.* Kali-hyd.

— *bruised sensation.* Ruta.

Boring. Kreos.

Break, as if thigh would. Valer.

- Broken, feeling in bone.* Ruta.
Bruised, sensation in bone. Ruta.
Burning like a hot iron. Lach.
Bursting, beating. Ignat.
Carious, as if the bone were. Bell.
Contraction or constriction, as from an iron band. Coloc.
— — *as if screwed up tightly.* Coloc.
— — — *the psoas was too short.* Coloc.
— — — *hamstrings were too short.* Ruta.
— — *as from tension, or as if too tight.* Acon., Lyc., Psoric.
Cramp-like tension. Cham.
Crampy tearing. Kali.
Crampy, as if in a vice. Coloc.
Cutting. Phyto.
— *lancinating.* Ignat.
Darting in left hip. Kali-iod.
Dislocation, pain as from. Iris., Kreos.
— — *in left hip.* Psorin.
Drawing pain. Phyto.
— *pressing.* Phyto.
— *tearing.* Cham.
— *to knee.* Coloc.
— *to left knee.* Stram.
— *wrenching.* Iris.
Drawing. (See also *Tearing.*)
Gnawing in bone. Kali-iod., Ruta.
— *shooting in bone.* Bell.
Hamstrings feel too short. Ruta.
Intense pain along sciatic nerve. Gnaphal.
Lancinating, cutting. Ignat.
Long, leg feels too. Kreos.
Numbness. Nux, Rhus.
— *alternates with pain.* Graph., Kreos.
Piercing in left hip. Nat-sulph.
Pressing pain. Dros.
— — *in right hip.* Ledum.
— — *drawing.* Phyto.

- Psoas muscle feels too short.* Coloc.
Rending, shooting. Coffea.
Shooting. Arsen., Bry., Iris, Phyto.
 — *gnawing in bone.* Bell.
 — *lancinating.* Sepia.
 — *like lightning downward.* Coloc.
 — *tearing.* Caps., Coffea.
 — *rending.* Coffea.
 — *(darting in left hip).* Kali-iod.
 — *(lancinating cutting).* Ignat.
 — *piercing in left hip.* Nat-sulph.
Short, psoas feels too. Coloc.
 — *hamstrings feels too.* Ruta.
Screwed up tightly, as if. Coloc.
Tearing. Bell.
 — *shooting.* Caps., Coffea.
 — *drawing.* Cham.
 — *crampy.* Kali.
 — *in right thigh.* Kali-iod.
 — *— left thigh.* Stram.
 — *(wrenching).* Iris.
 — *(See also Drawing.)*
Tenderness to pressure. Pod.
Tension, feeling of. (See also *Contraction.*)
Tension. Acon., Lyc., Psor.
Vice, as if in a. Coloc.
 — *crampy, as if in a.* Coloc.
Wrenching. (See also *Drawing and Tearing.*) Iris.

DIRECTION OF PAINS.

- Downward.* Phyto.
 — *drawing to knee.* Coloc.
 — *shooting.* Coloc.
 — *to knee.* Kali-bich.
Upward. Bell., Ledum, Nux.
 — *darting.* Nux.
Changing from side to side. Lac-can.

CONDITIONS OF AGGRAVATION.

- Ascending.* Podo.
Bed, moving in. Natrum-sulph.
— turning in. Natrum-sulph.
— rising from. Rhus.
Cold air, from chill in. Acon.
Coughing. Capsicum, Tellurium.
Erect, becoming. Bry., Lachesis, Ruta, Sepia. (See *Rising from Bed, Rising from Sitting.*)
Exertion, from over. Rhus.
Heat, of bed. Ledum.
Laughing. Tellurium.
Lifting. Nux.
Lying on painful side. Drosera, Kali-iod., Tellurium.
— long in one position. Natrum-sulph.
— on back. Kali-iod.
— whilst. Ruta.
Motion. Bry., Kali, Ledum, Nux. (See *Walking, etc.*)
Move, beginning to. Ruta.
Pressure. Drosera, Kali-bich., Podophyllum.
Rest, during. Natrum-sulph., Ruta, Rhus. (See *Lying, etc.*)
Sitting. Ammon-mur., Bell., Lach., Ruta.
— up, on. Bryonia.
— down, on. Iris.
— rising from. Natrum-sulph., Rhus.
Sleep, after. Lachesis, Kali-iod.
— during, pains felt. Kali.
Sneezing. Tellurium.
Standing. Kreosote, Valer.
Stool, during. Nux, Tellurium.
Stooping. Drosera, Natrum-sulph.
Turning round when walking. Nux. (See also *Turning in Bed.*)
Walking. Coffea, Colocynth, Graph., Lach., Kali-iod., Podo.
— slowly. Iris.

Weather, change of. Berberis.
 — *during stormy.* Rhodod.
 — *cold, dry.* Acon.
 — *cold, damp.* Rhus.
 — *before windy.* Berb.
Winter, in. Ignat.

TIMES OF AGGRAVATION.

Morning. Nux.
 — *three to five A. M.* Sepia.
Afternoon. Coffea.
Evening. Bry., Coloc, till midnight, Ferrum, Ledum.
Night. Coffea, Kali-iod., Nux, Phyto., Rhus.
Every four days. Lycop.

CONDITIONS OF AMELIORATION.

Bed, after arising from. Drosera, Sepia.
Cold. Bry.
 — *applications.* Bry.
Drawing up limb. Ars., Coloc.
Erect, becoming. Bell.
Exertion, violent. Iris.
Flexing limb. Ars., Coloc.
Heat. Bell., Nux, Rhus.
 — *(warm applications).* Nux, Rhus.
 — *in summer.* Ignat.
 — *(warm from exercise).* Rhus.
Lying on painful side. Bry., Coloc.
 — *still in bed.* Lach. (See *Rest.*)
Motion, amel. Nat-sulph., Rhus, Ruta.
 — *violent, amel.* Iris.
 — *continued amel.* Rhus, Ruta. (See *Walking.*)
Pregnancy, during. Sepia.
Pressure. Coffea.
Rubbing. Rhus.
Rest, during. Bry., Lach.

Standing. Bell.
Summer. Ignat.
Stooping. Coloc.
Walking. Bell., Ferrum, Rhus, Ruta, Sepia.
 — *slowly.* Sepia.
 — *quickly.* Iris.
 — *continued.* Rhus, Ruta.
Weather (summer). Ignat.

CONCOMITANTS.

Diarrhœa, alternating with. Psorin.
Fatigue, great from walking. Plumb.
Limbs, jerking of. Lyc.
Muscular atrophy. Plumb.
Restlessness, with relief from movement. Rhus.
 — *without relief from movement.* Ars., Ferrum, Ruta.
 — *of legs.* Bell.
Veins, swollen. Sepia.

NOTE.—In prescribing for a case of sciatica, the concomitants—that is, all the other subjective symptoms of the patient, must be included in the picture.

HERNIA.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

A few weeks ago I was called to see a newly-married lady of our city who was suddenly taken with severe pains in the right abdominal region, so the messenger said. After the usual examinations and explorations there was found a tumor in the right iliac region as large as a goose-egg. This had come on suddenly when trying to lift a heavy mattress, preparatory to moving into a new house. I prescribed at once, but there was no relief within the next six hours. I now put her under the influence of Chloroform and tried to reduce the rupture, but after some time of useless manipulation ceased, as the swelling would not go back. I again prescribed, but with no better

success, so I sent to an allopathic surgeon of some repute. Chloroform again administered. He tried and I tried, but no result. As the friends refused to listen to an operation, I asked for a few hours more time to see what medicine would do. After again studying the case, and with much fear and trembling, I prescribed Plumbum-met. in a high potency, one dose in water every fifteen minutes. In two hours' time the tumor was gone. To say that our allopathic friend was astonished when told of the result would but faintly express it.

CLINICAL NOTES.

(Translated from *Revista Homœopática*, April, 1891.)

IMPORTANCE OF MORAL SYMPTOMS.—It is true that homœopathic doctors explicitly or tacitly give importance to moral symptoms, nevertheless we do not believe that we give them their full value. Hahnemann, whose advice it is necessary to so often refer to, says: "The moral study of the patient is the most sure and decisive guide for the selection of the homœopathic remedy." To better illustrate this, Aconite very rarely or never effects a lasting cure when the patient is tranquil, or Nux-vomica when the disposition is gentle and phlegmatic. Pulsatilla—lively, serene, or fierce. Ignatia for strong minds and but little susceptible to fear or pain. With the necessary attention to these seeming smallnesses but very useful pathologically the homœopathic doctor will effect the greatest cures.

CALCAREA PHOSPHORICA IN GONORRHŒA.—This insidious disease was cured by Dr. Berridge in a man who had it the second time. He showed no characteristic symptoms, and after having tried almost fruitlessly Merc., Canth., Nitric acid, Thuja, Kali-bicrom., Argent-nit., Cann., Nux—Calc-phos. was used with the very best results, guided by the following characteristics: He had painful erections when traveling on railroad cars, excepting when he found himself obliged to enter into conversation, and as this symptom corresponds to the said remedy he gave him seven doses to take once a day of Fincke CM. The result was rapid and the disagreeable symptom and all remains of gonorrhœa disappeared.

I. N. R.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

(Continued from February number, page 60.)

PHOSPHORUS^{CM}.

Cured scintillations of light before the eyes. Cured some cases of weakness of sight (asthenopia). The prover is nervous, excitable, tremulous, has pain in the right side of the small of the back, *cramps in the stomach*, vivid dreams, burning pain in the small of the back, burning pain and cramps in stomach, vertigo and feeling of emptiness in the head. Mental effort causes fatigue. The *burning in the stomach* extends up to the œsophagus, verified this often; a feeling of constriction; dryness of the fauces, bloated stomach, and abdomen.

Choking, disposition to swallow constantly. Pain comes down line of sternum to epigastrium.

PHYSOSTIGMA-VEN.^{CM}.

Severe cramps in stomach, disposition to vomit, nausea, bowels very loose and light in color, watery stools with cramps. Attacks of trembling. Profuse perspiration, lasting a short time.

PHYTOLACCA-DECAN^{47M}.

Tight, dry cough, attended with pain from middle of sternum through to the back. Cough aggravated by lying down.

Swelling on and around the left ear and side of the face, like erysipelas; scalp sore, painful to touch. Chilly every morning; sleepy; bowels costive; skin dry; pain across kidneys; urine red and muddy. Joints of lower extremities ache. Dull pains across forehead; feels wretched on getting up; ache from shoulder to hip; sharp pains shooting through the ball of the eye on reading or writing; poor rest; appetite good. Painful red points on the tongue; great pain down the sides of the hips and thighs, knee and ankle joints. Pain in lower extremities causes her to cry out. It is constant in the right elbow joint, at intervals down the muscles of the forearm.

PIMPINELLA-SAX.^{10M}.

Gurgling, frequent rumbling noise in abdomen; no pain; seems like formation of an undue amount of gas as in dyspeptic cases.

PIX-LIQUIDA^{5C}.

Expectoration constant and profuse, occasionally mixed with blood; gums sore and teeth sensitive; headache and sore scalp, left side of head more affected than the right; dryness and burning at root of nose, burning and tingling about nose. Cough and irritation of skin with disposition to scratch in all provers.

PLANTAGO-MAJ.^{5C}.

Profuse sweat toward evening, followed by sleepy feeling. Awoke in a fright; passes mucus from bowels, which are disposed to be loose; rumbling in abdomen, flatulency; general weakness; seems as if everything was a burden.

PLANTAGO-MINOR^{11C}.

Burning pain across the buttocks; great soreness and throbbing on top of the head, sensitive to touch; eyes are weak, not inflamed, vision blurred; bowels constipated; piles. Stiff neck, hardly able to turn it; pain in the lower part of abdomen; *soreness in wrist joint* (mostly right); little finger of right hand stiff; dry tongue; short breathed; pain in the back near waist; scalding sensation in passing water; stiff wrist and ends of fingers affected as if sore or sensitive. Symptoms developed on second day. She thinks she would choke and perhaps die, because of dryness and constriction in throat. Spasms of muscles of extremities; suddenly breaks out in great heats; startled as if frightened for a moment or two; teeth become set or closed and she cannot open her mouth for a time; pains through her teeth; felt as if she needed air. Choking sensation. Swallowing is difficult, as if there were no power to force down the bolus.

Sudden sharp pain through her head just above the ears, great soreness. Urine very dark in color.

Woman, given in water for three days, every two hours. "Suffering terribly in her right lower limb from the knees to the hip joint and then around to the back, not constant pain, but it comes quick as lightning with a zig-zag course, sometimes every few seconds and then perhaps after twenty to thirty minutes. She screams out. It leaves a soreness of the muscles." A physician called in temporarily during her suffering diagnosed sciatica.

Woman aged forty. Eyes affected in a way she can't explain, simply does not wish to use them. Urine appears like coffee. Taking medicine every half hour during the day for a fortnight. Seized during night with severe pain, like rheumatism; couldn't bear to touch the middle of arm, it is so sensitive; pain in forehead; heat in hands and head; twisting pain in abdomen with a desire to move the bowels, she tries but accomplishes little. Piles bad, she can scarcely endure them, not subject to this. Her eyes are dim, as if looking through smoke. Watering of eyes. Symptoms are given in the language of the provers to convey, if possible, an idea of the spirit of the provings.

PLUMB-ACET.^{1M} (F.).

Caused very free, watery movements from the bowels six to eight times a day. I have found this remedy useful in constipation, when the stools were hard, dry, and difficult of expulsion and light in color.

POLYGONUM-HYDROP.^{45M}.

Very sick at stomach; *severe aching from her knees to her feet*; restless in bed from pain in extremities; wakefulness; no appetite; aching in legs, and sensitiveness. Face broken out in pustules; bowels, which were constipated, move regularly; menses (had amenorrhœa) returned, but were scanty, and very dark; limbs ache, and chilly, followed by fever in the afternoon.

PSORIN.^{12M}.

Caused eczema, with disposition to crusts behind the ears; bowels always disposed to be loose, now costive, and cured completely a young child's chronic deafness of a mild type. *Eyes*

watered and inflamed. Her eyes pained so she could scarcely open them. Sensitive over the eyebrows, down the nose, and back of the head. She complained mostly of her head.

A young child who was *always* pale, sickly, and delicate, and who every few days was disposed to very loose bowels was cured of its diarrhœa in a short time by Psorin. Since then it has gained greatly in weight. Have often verified this. It is curative in the diarrhœa of scrofulous children.

Appetite much better. She must eat in middle of the night. Sharp pain at the right side, opposite tenth rib. More extended provings brought out following observations:

Caused the nose to discharge freely, and cured a child's purulent otorrhœa. The latter symptom verified often.

Caused soreness below middle of sternum on pressure; a great deal of flatulency; breathing oppressed; distress in epigastrium; bowels, that were regular, now constipated, frequently verified. Eyes and ears, symptoms as above. Slight burning on passing water. Pain through right groin. Her eczema much better. Lids of left eye greatly inflamed; lachrymation.

Bowels loose; move four or five times a day; nervous; easily startled; pains across the epigastrium, and remain in the spleen, as soreness; severe pain in the head; pain in his ear so great as to confine him to bed four days; auricle much swollen.

Cured several chronic cases of otorrhœa in adults.

Soreness in jaw, right side, around the ear; could not open his mouth without great pain; could scarcely crowd his fingers between his teeth; tear-sac inflamed; epiphora.

PULSATILLA^{CM}.

Soreness within the chest at site of both nipples; giddiness; increase of mucus from throat.

Very efficacious in curing old, fistulous openings in lachrymal sac; thick and yellow discharge. Chronic cases; many verifications.

Pain in his right groin, sharp; would come and go; was very severe; slept none for two nights with it; tears would run down his cheeks because of it. When he eats or drinks anything, it

causes *cramps* in pit of stomach ; thirst for liquids of all kinds ; crampy pains in abdomen, low down.

RANUNCULUS-ACRIS ^{10M}.

Stopped up in nose, burning in hands and face.

Eyes very weak, and water very much.

10M. Eyes very itchy ; light affects them much ; roof of her mouth sore ; sensation of lump in her throat ; difficult to swallow, as if tonsils were enlarged ; legs hurt her very much from knees downward as if they were rheumatic ; urine increased in quantity ; disposed to pass it often, with symptoms of scalding along urethra.

The urinary symptoms are the most prominent and constant.

RHODODENDRON ^{CM}.

Toothache ; facial neuralgia ; all the teeth get loose ; snags come away ; gums much swollen.

Astonishing cure of neuralgia ; inferior and superior dental nerves ; existing seven weeks ; woman in agony ; sleepless ; first dose relieved her ; been well ever since ; gums swollen ; previous to this was under old-school treatment and had three sound molars removed without relief.

Stiff neck ; gums and teeth sore ; pains various parts of body.

Frequently cured facial neuralgia with sensitive teeth.

RUMEX-CRISP. ^{45M}.

Caused a constant dry cough to be loose, and although chronic or lasting many months, and the woman disposed to consumption, it was greatly relieved in a week.

Aching pain from the shoulder-blades all the way down the back to region of the kidneys ; helps the cough of consumptive persons wonderfully ; repeatedly verified.

RIIUS-TOX. ^{105 M}.

Gives great relief, and often curative in ciliary neuralgia, with severe pains through the eye, and in cheek-bones down the side of the nose over the eye, with intolerance of light.

Abdomen sore below the navel; sensitive calves; inflamed throat; tonsillitis; mouth sore; conjunctivitis; rheumatic pains in muscles and joints; intolerable and uncontrollable itching of the feet and legs (worse at night); constantly rubbing one foot against the other, so itchy; sleeplessness because of itching skin; skin covered with a red, uniform, solid rash; slight conjunctivitis. Rash developed in majority of provers.

Cured many cases of *scald head* in children. The eruption covering the scalp and extending to the surrounding skin in some cases; curative in some cases of slight discharge from ears.

Cured permanently many persons who had always been subject to muscular rheumatism.

Removed chilblains; often verified.

Not much use in ophthalmia where there is photophobia, but *vice versa*.

This remedy, under certain conditions, must be the similar in hives, as well as in scarlet fever.

SACCH-LACT.^{CM}.

In the early part of proving, feels very badly; unfit for work; weak.

Caused dizziness, nausea, and occasional vomiting; after taking the medicine for a week urine became scant and dark; have frequently cured vertigo, nausea, and nervousness with this remedy; head symptoms somewhat resemble Belladonna.

SAP-SODA^{2C}.

Soda soap 2C. Dull, heavy pain across the eyes, and forehead; roughness in the skin; dry tetters; face looks swollen; with purple spots. I think the medicine produced a *boil* on a prover's left shoulder after taking it for a week.

Cold in her chest; all her joints ache; bottom of both heels ache; right one worse; feeling of tightness at middle of sternum; stiff and aching all over from head to foot; abdomen and chest feel sore and bruised; coughing painful; coughs a good deal; eyes very weak; reading is difficult; cured prover of dyspepsia, and bowels now constipated that were regular.

2C. Great soreness in her right kidney ; severe pain extending down through her right groin and prevents her walking.

SALVIA-OFF. ^{5C}.

Giddiness ; sharp pains at the apex of the right lung, going through to the back ; feels nauseated in the morning ; *pains around her waist* and stomach ; five free movements from her bowels from seven to nine o'clock in morning, then no more ; *gnawing at pit of stomach* ; the sensation rises upward toward the throat, and she is forced to take a deep breath to be relieved.

SAMBUCUS-NIGRA. ^{45M}.

Great swelling ; heat and redness in glands of the neck accompanied by soreness ; improved defective hearing ; restless at night.

Symptoms of a common cold ; eyes inflamed ; rapid pulse ; dry, hot skin ; *complete loss of appetite* ; general bruised feeling ; tongue sore, and very much coated.

Feeling of great general soreness, as if beaten ; dull, frontal headache ; high fever ; *erysipelas-like redness over the whole left side of the head* ; *swelling of the ear* ; confined to the bed ; vivid, frightening dreams ; great soreness in the abdomen ; bowels move twice daily ; feels very tired ; after slight exertion legs feel very weak ; thirsty ; pain in his abdomen keeps him awake ; eating causes nausea.

SANGUINARIA. ^{24M}.

Soreness down the muscles of his back, on either side of spine ; feels it more on breathing deeply ; pain shifts about ; sores around the margins of the gums ; sores in roof of mouth.

Feels suddenly warm ; only lasts a few minutes ; sharp, frontal headache. Did not make extended provings of this remedy.

SANTONINE, 10TH DECIMAL TRITURATION.

Has cured very many cases of scrofulous ophthalmia and pannus in children ; corneitis ; great intolerance of light ; constant watering of eyes ; relieved adults almost as quickly ; chil-

dren cured usually had sore nostrils. Cured several cases of chronic otorrhœa with fistulous opening in mastoid cells.

Caused coryza; sneezing at all times, day and night; have usually followed this medicine with Sulphur.

Highly curative in nasal catarrh, of children particularly.

SARRACENIA-PURP.^{2M}.

Sharp pain through the right lung to his shoulder-blade, commencing three inches below right nipple, and running directly backward to scapula.

Light-headed; weak; weakness between the shoulders, and below them; soreness in umbilicus; hungry all the time, even after meals.

SASSAFRAS^{5C}.

Toothache; pain like a coal of fire on passing water; urine looks as if it had flakes of mucus in it; pain in both tubers ischii, and intense pain in both hip-joints; abdomen appears distended, and considerable eructation.

CALCAREA-OSTREARUM, A STUDY.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

This drug was formerly called *Calcarea-carbonica*. But this name is a misnomer. It is not carbonate of lime properly speaking, but an impure carbonate prepared by triturating oyster shells, thus forming an animal preparation, not a chemical one.

Calcarea-ostrearum is an antipsoric of the purest type. Arsenicum and some others are applicable to acute diseases as well as to syphilis and sycosis, but this remedy is useful in the clearest cases of psora, or what is usually designated scrofula.

It is also according to Bœnninghausen an anti-sycotic.

We will better understand this invaluable remedy by considering its action on the blood. Every drug has one symptom which I think is best designated by the title "pivotal," as around this one all others seem to revolve. It might be described also as the always present symptom.

The pivotal symptom of Calcarea-ostrearum is the *leuco-phlegmatic constitution*. We recognize this by the patient's personal appearance. Only blonds are liable. In the adult much more frequently in the female we see a pale face, which is round and flabby, the form is full often to obesity, but the flesh is very soft.

He chills by the slightest cold air, which seems to go right through him. This constitution arises from the state of the blood. The red corpuscles are lessened in number while the white ones are increased, and these we know are prone to degenerate into pus corpuscles. The serum is also too abundant.

Now let us investigate as to the effects of this abnormal condition, which is such that it cannot supply the necessary constituents to build up the body, particularly in the young, so that school-children's headaches are often cured by it. Calc-phos., Natrum-mur., and Phosphoric acid are the remedies for the headaches of school-girls.

Leuco-phlegmatic people are subject to profuse discharges of mucus from all the mucous surfaces. So we see that the Calcarea child usually has fluent nasal discharge, so that the rude may speak of it as a "dirty-nosed young one." Women, and even young girls, have leucorrhœa, which, like all the catarrhal discharges of this drug, are bland and profuse. Puls. has a similar condition of the blood, and therefore similar profuse, bland mucous discharges.

The *vis medicatrix naturæ*, as we have seen, makes an effort to dispose of the surplus serum and white corpuscles of the blood by the catarrhal discharges, so she likewise does by an increase of the physiological discharge of blood. The menses are too early, too profuse, and last too long, and return on slight provocation, as from slight excitement. She also throws off the excess of serum by profuse sweats. The Calcarea patient sweats easily and profusely. We see on the infant when it falls asleep large drops which stand on the forehead and wet the pillow. The feet sweat, so as to feel as if stockings were damp. In hectic conditions we also have night-sweats. We differentiate from the various morbid perspirations which indicate Silicea by

the latter being fetid or putrid, while those of Calcarea are either free from odor or smell sour. The Calc. patient always sweats easily and profusely, as we have seen, when asleep or on slight exertion.

We find the same tendency to get rid of the excessive serum and white corpuscles by suppuration. There is no remedy that controls suppuration more frequently. This occurs in the following manner: The leucocytes are going the rounds of the circulation, and the *vis medicatrix nature*, recognizing the evil which will result, impounds them in the glands, and thereby renders them innocuous in a measure. But collected together in this way, they may be likened to a foreign body which excites suppuration when imbedded in the tissues. Our remedy, when indicated, administered in a proper dose controls this morbid excess, and thus restores the enlarged and indurated glands to their normal condition, and checks the suppuration by removing the material which degenerates into pus. All the tissues are imperfectly nourished by the impoverished blood, thus the Calcarea patient is weak, mentally as well as physically, for the brain cannot do its work well when nourished only by this watery blood. We therefore see that thinking is difficult just as physical exercise is only performed with an effort. The patient feels as if he would lose his reason, or that others will think so. Like all weak creatures, he recognizes his weakness, and is anxious and restless, particularly as soon as the evening comes, so that he shudders with the dread he feels. He is despairing, being hopeless of getting well, and fears that he will die. He is therefore subject to delusion and mania of a timid character—is afraid of rats and mice, of fire, and of being murdered.

Owing to the poverty of the blood supplying the brain, he is attacked by vertigo, and the exertion of climbing, going upstairs, or even looking up, brings on an attack, so imperfectly is the brain nourished. Iodum also has vertigo from ascending, and also from looking up. He has a headache that begins on the occiput and spreads to the top of the head. With Gelsemium, Sanguinaria, and Silicea it begins in the same place, but

goes to the forehead. Of course, this watery blood is favorable to the production of hydrocephalus and hydrocephaloid in infants.

Let us see how this drug affects them.

The Calcarea baby is fair, with a large head; the fontanelles are large, as the bone is so poorly nourished; the head sweats whenever he falls asleep, so that it stands in beads and wets the pillow; the teeth are slow in coming, as they are literally starved, and their advent is attended by many troubles. Nature tries to get rid of the superabundant serum by diarrhœa as well as by the sweat we have mentioned. These diarrhœas and sweats are sour, as well as the vomited matter thrown up, while in its great rival, Silicea, all of these discharges and secretions are fetid and putrid.

The enlargement and suppuration of glands I have mentioned are more frequently met during the age of dentition, as that process makes heavy demands for material to build up the bone, teeth, and other tissues which the blood is unable to supply except of an inferior quality and deficient in quantity. And the leucocytes are intercepted in the glands, with the result before described.

The eyes, both in their mucous membranes and deeper tissues, often suffer from mal-nutrition. We therefore see ulcers on the cornea, conjunctivitis, and fistula lachrymalis, the indications for which are usually found in the constitutional peculiarities I have delineated. The same may be said of the ears. But there is one disease which is cured only by this drug, viz., hardness of hearing caused by the abuse of Quinine. I once made a brilliant cure of this life-long affliction with Calc²⁰⁰. Of course it follows that with the increased serum in the blood that it is poor in albumen. Nature endeavors to overcome this by implanting a craving for eggs in the Calcarea patient.

Calcarea corresponds to an acid condition of the patient, so that he has a sour taste in his mouth, vomits sour substances, has sour sweats, diarrhœa, and sputa.

The pit of the stomach is swollen so as to form a tumor. This condition we find with nearly all the abnormal conditions as well as those of the digestive organs.

In the abdomen we find the same enlargement of the glands I have already pointed out. Enlargement and induration of the mesenteric glands in children having a psoric taint is frequent and dangerous. Of course these glands are seriously disabled in the performing of their duty in absorbing the nutritious portions of the food in the intestines, therefore we find great emaciation, a wrinkled and old look of the face, while, of course, the osseous system betrays the poverty of its nutrition by the slowness and difficulty with which the teeth are cut and by the large size of the head and potency of the fontanelles. In this condition you will have to consider the claims of Silicea, Iodum, Sulphur, etc. The Silicea patient has fetor of the secretions and discharges. It is often dark, and when fair has not that milky whiteness of the skin of Calcarea. The Iodum patient has black hair and eyes and eats often and large quantities, while it loses flesh all the time. The Sulphur patient kicks off the bed-clothes, as there seems to be an abnormal development of its animal heat, particularly in the feet, which are burning both objectively and subjectively, and the discharges from the bowels and bladder excoriate and turn red the parts they touch.

Next to the diseases of nutrition of infancy in importance come the diseases of the sexual sphere in women. The personality of the patient will frequently give you the guiding symptoms so that you will many times be able to select this remedy before your patient has stated her case. On inquiring you will find that she can scarcely stop menstruating, menses too early, too profuse, last too long, and return at any little excitement. The vaginal and uterine mucous membrane are like all those tissues elsewhere, throwing off profuse bland discharges. The pregnant woman, who is a Calc. patient, miscarries easily, as all her tissues are lax and weak. When she comes to nurse the some faulty nutrition clings to her. She secretes too much milk, the poor quality of which is shown by the infant's refusing to nurse, as does the baby whose mother requires Silicea.

In tubercular conditions of the lungs Calc. stands in the front rank along with Kali-carb., Lycopodium, Silicea, and Sulphur. It acts on the upper and middle third of the right lung; with

Arsenic we have acute, sharp, fixed, or darting pain in apex and upper third of right lung. The chest is painfully sensitive to touch, resembling Cinchona with which this sensitiveness is so great that the patient cannot bear to be percussed or even auscultated. As from the other mucous membranes, the sputum is profuse; it tastes sweet, sour or salty. The cough is induced by playing on the piano, so that patient feels every note she strikes in the larynx. It is worse in the morning on rising and early in the evening. Of course the personality of the patient corresponds to that which belongs to Calc., viz., the leuco-phlegmatic constitution. Do not, I implore you, grow indifferent and careless in selecting the remedy because you have diagnosed consumption, even if the bacillus be present. But be as careful as you are when you cut within a line of the carotid, for, as in that case, life and death depend on your skill and care.

When we come to the limbs much of the usefulness of Calc. remains to be told. The infant is slow in learning to walk, as its muscles are soft, although they may be as large as if they belonged to an infant Hercules, for, as I have already pointed out, they are distended with water instead of being built up with good muscular tissue. In ulcers of the legs, which are so obstinate to surgical treatment, and the bad effects of apparent success are so striking, this drug takes the first place. I once had a case of ulcer of the leg of over twenty years' standing, in a woman fair, fat, and forty. During all of those years she was afflicted with the ulcer, or was subject to the most violent colic. When the sores were healed by external treatment, which had been done several times, then and then only the colic returned. With this drug she was cured of both. Diseases of the joints frequently require this drug, as the poorly-nourished bones, as well as the soft tissues break down into pus. The constitutional symptoms, rather than the local ones, decide. The softness of the bones, owing to their being so poorly nourished by the watery blood, shows itself in bow legs. The feet and legs feel as if she had on cold, damp stockings. This is a symptom of vital importance, and will serve to lead you to the right selection many times.

As was to be expected from the poorly-nourished tissues, the nervous system shows the weakness under which it labors. The epilepsy indicating Calc-ost. is preceded by a feeling as of something running through the arms or down through the abdomen into the feet. They are worse at night, during the equinoxes, and the full moon. In insomnia, arising from the same thought perpetually recurring, give Calc-ost.

In eruptions, such as eczema, when the glandular system is involved, dentition slow, and the other manifestations I have pointed out, Calc. will cure.

It is complementary to Bell., and follows well after Lycop., Nitric-ac., and Sulphur, but should not precede the two latter.

PRESCRIPTIONS BASED UPON DIAGNOSIS.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :—Through the kindness of Dr. Hermance, I am permitted to present the report of the following case of traumatism to the readers of your valued journal, thinking that it may be of some interest. We see that the Doctor treated his patient, and the result was all that could be desired, while Dr. Nisbet, a representative of that body in the medical profession who unjustly lays claim to everything that pertains to science in medicine, would base his treatment upon his diagnosis, which, if wrong (and it undoubtedly was), it would necessarily follow that the treatment would be likewise. This is one of the dangers of old school methods, and yet it is held up before the world as being the *scientific* method.

I do not wish to be understood as ignoring diagnosis or pathology. Hahnemann never discouraged this; he simply tells us to keep in view the image of the sickness which leads to these results, and warns against prescribing upon a pathological hypothesis.

ROCHESTER, N. Y.

E. V. ROSS.

[The case above referred to, and which may be found upon the next page, is an excellent illustration of the necessity of prescribing according to the symptomatology and not the diagnosis. —ED.]

A CASE OF TRAUMATISM.

GEORGE A. HERMANCÉ, M. D., AVON, N. Y.

March 4th, 1889.—Elsie C., aet. six. A blue-eyed, light-haired child of very active nature. On February 22d, while running across the floor, fell and struck her forehead with terrific force, upon the floor. An hour or two after, she complained of feeling cold, mostly in her back, which external warmth failed in any way to relieve. After a restless night, nausea and vomiting appeared in the morning, also a chill at about ten o'clock, which was followed by fever. At noon the temperature was $103\frac{1}{4}$, and she complained of great pain in her forehead. Later in the day, extreme sensitiveness of the back of the neck and spine appeared, accompanied by photophobia and intolerance of all noise. There was an aggravation of the fever between 9 and 12 A. M., and 5 and 8 P. M., during which time her face would be flushed, and the cheeks a very dark red. As the case developed, there was an ineffectual urgency to stool, and dark, scanty urine, which later became paler and more profuse. When she was moved she begged the nurse not to let her head drop.

On the fourth day there was no improvement, and I saw the patient was showing symptoms of failure. She then presented the following symptoms: Temperature, $103\frac{1}{2}$; cheeks, dark red and burning to touch; starts from sleep with confused cries, it taking some moments to pacify her; screams from the slightest touch or movement of the bed or her body; begs not to have her head dropped when it is necessary to move her body; lies with body rigid, with head slightly thrown back; great photophobia; voice has a sharp and unnatural sound; she is imperious in her demands, wants very cold water almost constantly, probably would drink much at a time were it allowed her.

At this point I expressed my desire for consultation, and Dr. Nisbet, a very fair-minded and unprejudiced member of the old school was called in to give a diagnosis, after which com-

petent homœopathic advice was to be secured. It was at 10.30 A. M. that I saw the patient as above described, and I gave *Hypericum*^{6x} in water every two hours. At 5 P. M. Dr. Nisbet saw the case with me, and imagine my surprise, if not discomfiture, at our finding the temperature down to $101\frac{1}{2}$, no sensitiveness of the spine, no photophobia, and the patient allowing herself to be handled without a word of objection. My discomfiture was due to the fear that I had made the case out to be worse than it was, and would meet with ridicule. When Dr. Nisbet pronounced it a case of *malaria*, I said nothing, but endeavored to get my scattered wits together sufficiently to make out just what was the matter, and what had taken place anyway. Here was a child that a few hours earlier was in a condition sufficiently serious to alarm me, now kicking her leg about, and joyfully telling her mother that the light did not hurt her eyes any more. The improvement continued, and she was on placebos next day. Dr. Nisbet said he would give Quinine, but knowing that I was a "Biegler homœopath" that I would stick to the teachings of Hahnemann, he said: "Give whatever you have for malaria, and you will cure your case." I had given *Arnica*, *Bell.*, and *Nux-v.* before the *Hypericum*. My diagnosis was traumatic cerebro-spinal meningitis.

EPILEPSY.

D. C. McLAREN, M. D., OTTAWA, CANADA.

(Bureau of Clinical Medicine, I. H. A.)

The curability of a large proportion of cases of this distressing malady has been demonstrated in the past by Bœnninghausen, and though the wonderful success he attained seems to us younger Hahnemannians almost idealistic, it is yet full of encouragement to persevere and to make each defeat the stepping-stone for future victory. Two axioms of Constantine Hering's are of value in the treatment of this disease: the first is, to begin chronic diseases in general and all cases of epilepsy in particular with *Sulphur*, and secondly to guide the subsequent treatment according to the rubrics given in Bœnninghausen's hand-book,

which now is, or ought to be, in the hands of every earnest homœopath.

The first case I have to report and my only definite success thus far with this formidable complaint is that of a young girl who suffered with epileptic seizures for a period of three or four years, from nine to thirteen. Her father died of cancer, showing very plainly the psoric condition causing her trouble. Early in 1890 she received one dose of *Belladonna* high, which gave five weeks' freedom from the constantly-recurring fits; upon their return she got *Calcaria*, which produced a strong aggravation lasting two weeks, followed by entire cessation for three months. The attacks returned in May, and for upwards of four weeks were battled with in vain, *Hyoscyamus* and *Cina* being given without result. At last, finding the head strongly drawn to the right side during the spasm, and noticing that as the attack wore off the whole right side, face, arm, and leg used to twitch, violently at first and then less so till all was quiet, and the aggravation during new and full moon, which had previously indicated *Calcaria*, being still present, all combined with the near approach of puberty, led to *Causticum*, which was given early in June, 1890. The trouble at once subsided, and a year has now elapsed without a single recurrence of it. The girl has grown remarkably during this period; is now tall, strong, well-developed, and allowed to attend church, Sunday-school and day-school, which had all been denied her for some years.

While attending this case an elder sister, eighteen years of age, broke down and seemed almost at the point of death from anæmia, not having menstruated for three years, and being in a pitiful state of emaciation. She would sit hour after hour with her feet close to the stove and her head wrapped up in a shawl; when in bed she must have the bedclothes over her head. One administration of *Silicea* made an entire cure of this case, the girl being now reasonably well and strong.

I have also two other cases of epilepsy now under treatment, both boys, one eighteen, the other fourteen. The first one began with *Sulphur* on September 5th, 1890; was given *Calcaria* on November 19th, and *Belladonna* on January 24th, 1891, which

last was followed by a slight aggravation. On February 23d he had an attack while asleep at night with unconscious urination; for this he got *Causticum*, which gave entire relief until April 10th, with another interval to May 3d, after which he received a dose of *Sulphur*. There is a satisfactory improvement in this case, though far from cured as yet.

The second boy is the son of a man who used to be a hard drinker, and though now a sober, steady man, has the mortification of seeing the results of his folly daily manifested in his unfortunate son. This case has been under treatment eight months without any noticeable improvement. The majority of attacks are at night, frequently accompanied with urination. He was under *Causticum* from January 31st to May 2d without result, and is now under *Calcarea* since May 24th, with what result remains yet to be seen, but the probabilities are in favor of long and troublesome treatment and much disappointment, though, I hope, ultimate success.

A fourth case, that of a married woman approaching the grand climacteric, has too recently come under treatment to furnish any material for reporting.

DISCUSSION OF DR. McLAREN'S PAPER AT THE MEETING OF
THE I. H. A., WEDNESDAY EVENING, JUNE 24TH, 1891.

Dr. Kennedy—I should like to ask the Doctor if he was influenced very much by the character of the convulsions or the time of their occurrence in the twenty-four hours.

Dr. McLaren—The peculiarity of both cases of the boys was that they were taken with a convulsion when asleep and at urination. A fit occurring during sleep without urination is *Calcarea*. *Bufo*. and *Silicea* have similar symptoms.

Dr. Kimball—I have a case getting along beautifully on *Bufo*. I think *Lachesis* also has the convulsion during sleep.

Dr. Kent—Did the attacks pass through lighter stages into epileptiform vertigo, or did they cease suddenly?

Dr. McLaren—One passed through a series of light attacks and finally into a chorea. Another had long attacks of vertigo

in the place of the convulsions; during these she was very cross and spiteful.

Dr. Kent—It has been my experience that when epilepsy is cured it passes away in lighter and lighter attacks, finally to a vertigo which remains a long time. I mentioned one a year ago cured by Silicea. This patient remains entirely well, never having a fit, but suffering slight attacks of vertigo every few days. During an attack, if driving, he will turn the buggy around and then catch himself going the other way, the attack lasting a minute, or possibly two minutes. We have recently had a case in the clinic in Philadelphia of great interest, but it is too soon to claim any permanent benefit.

It is a case that had been under treatment for many years. He received a dose of Sulphur and since that has gone on for two months without any fit. He has, however, the vertigo, probably ten attacks in the course of a few weeks, but they are light. He says he simply feels strange at times. A large abscess formed over the right hip, and another one appears to be forming over the left hip. This is regarded as a manifestation of the action of Sulphur. I think it is going to be a very interesting case.

Dr. H. C. Allen—I have seen a number of cases of epilepsy and have cured a few, but I have never succeeded in curing a case that had previously been subjected to the action of the bromides. I should like to know whether any member of the Association has cured or seen cured a case so subjected.

Dr. McLaren—I saw one case, which was hardly epilepsy, but spasms or convulsions occurring in an infant. The mother was dosed with bromides before the child was born. The child showed nervous symptoms as soon as born. I discovered that the attacks came on out-of-doors, and that the child clung tightly to the nurse; it was cured very completely with Borax. First the 200th was given, and when the fits returned the CM.

Dr. Kimball—I have a case that was subjected to the action of Bromide of Potassium three times a day for a year. I have prescribed for her. It is too soon to say she is cured, but the improvement in general is marked, and convulsions are getting

lighter and less frequent. She used to have the convulsions every month. After beginning the Bromide she had no more convulsions, but a pustular eruption. When I stopped the Bromide she had convulsions every week, but gained greatly in general health, and the pustules disappeared.

Dr. McLaren—Do the bromides affect the system so deeply that it cannot be rid of them?

Dr. H. C. Allen—I am not prepared to explain what it does or how it makes the cases so difficult of cure, but I have observed the fact. I have in a number of such cases been able to delay or postpone the paroxysms but never to make a complete cure.

Dr. Kimball—Perhaps some of the members will recollect a case of epilepsy that I reported last year. It was in a woman of forty-four years of age, and you may recall the remedy prescribed, which was Lachesis. She had one convulsion in December, one in July, and one since she came to me in September. The medicine was given in April.

DELIVERY BY FORCEPS AND SUBSEQUENT ANASARCA.

(Bureau of Obstetrics, I. H. A. of June, 1891.)

JOHN HALL, VICTORIA, B. C.

The writer was called suddenly one morning, in 1890, to see a woman in labor, which had continued all night, and was thought to be ceasing from exhaustion. On coming here I had given up attending such cases, and with them all the instruments usually required excepting a pair of forceps, but the patient and her husband being old friends of mine, I at once took them in my hand and drove some two miles to his place.

I found the poor woman much exhausted, and almost hopeless, pains being scanty and insufficient. Presentation normal, and parts well dilated, while the face looked very yellow. The use of a remedy came immediately into mind. Unfortunately the nurse and neighbor were violently opposed to anything I

could do in that line, and fearing that my medicine might not speedily act, and that I must in consequence swing from the nearest tree as an impostor, without more ado I at once brought the invalid around in her bed, and warming and oiling the forceps, proceeded to deliver her. The forceps at first slipped, but readjusting and allowing them to *make their own axis*, waiting for pains, soon delivered her of a fine child. This was fortunate for me, as the hostility continued whatever might be done, and other doctors of very doubtful report lived some three miles distant in Victoria.

The patient made a fair recovery for a time, but afterward developed anasarca. Had great tenderness of the right hypochondrium, face yellow and puffed, the upper eyelids being especially swollen. These symptoms, with the difficulty she had long experienced in taking a walk, and soon tiring, had been felt more or less through her pregnancy, indicating a grave hepatic malady. Her symptoms pointed very forcibly to Kali-carb., which was administered in high potencies of the 10M and 19M, Fincke, and CM of Swan, in rare doses, and only when the former seemed to have exhausted its effects, the disease giving way eventually to a great desire for air, which, with other symptoms, called for Pulsatilla. This was accordingly given and completed the cure in about six weeks, she preserving her milk, and making a full recovery, the mother of five healthy children.

THE OLDEST HOMŒOPATHIC PHYSICIAN.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

The question who is the oldest homœopathic physician now in practice in the United States is being discussed.*

Dr. S. Seward, of Syracuse, N. Y., became a convert to Homœopathy early in the year 1847. He is a true Hahnemannian. He was eighty-one years old last September, just three weeks older than myself,

L. B. WELLS,
UTICA, N. Y.

* See Dr. Hoopes' letter, January number, page 31.

A CASE OF ULCERATION OF THE LUNGS.

G. J. WAGGONER, M. D., KANSAS CITY, KANSAS.

July 24th, was requested by my partner, Dr. H. A. Millard, to see Mr. L. M. A., æt. thirty-two years. He had been an invalid six months or more, it appears. It is hardly necessary to go into a history of the case for the purpose of this paper, further than to say that the disease had been supposed to be a severe form of chronic hepatitis, and although there had been some rather troublesome cough, attention had not been called to the condition of the lungs. There had been little or no expectoration, and all the functions performing their duty fairly well. On the occasion of my visit it was discovered that there was sad havoc in the lungs. On the front aspect of thorax there was no respiratory action, while on the dorsal portion there was very violent action, the back and shoulders heaving upwards and forwards, seemingly with strong but futile effort to fill the lungs. Above the lower third of left lung, in front, there was no vesicular respiration, and near the apex and just below it there was found all the evidences of a quite extensive cavity. This is well described by Dr. Thos. Watson, late of Kings College, London. In speaking of the sounds he says: "It may be, and often is a click, like the opening and shutting of a valve; or a chirp; or a creaking; or like many other well-known sounds; but as all these sounds under certain circumstances denote the formation of a vomica, it is best for the sake of simplicity to call them all by the same name, cavernous respiration." Over the front aspect of the right lung there was scarcely any vesicular murmur, and that only of the lower half. On the dorsal aspect these sounds were clear and distinct, and apparently natural. The irritation to cough was persistently felt in the stomach, which was relieved at this time and for some days later by a dose of Ant-crud.^{1m}. Later on there was very distressing dyspnœa, with inability to lie on left side, which was measurably relieved by a dose of Phos. But on the 9th inst. he died of strangulation.

Question: Could this result have been averted by a timely knowledge and consideration of the condition of the lungs? or, in other words, an intimate knowledge of the pathological condition? or the simillimum be considered only? An autopsy was not had, which I regret, but the patient was not mine.

SAMBUCUS IN AN UNUSUAL CASE OF SWEATING.

J. C. WHITE, M. D., PORTCHESTER, N. Y.

Miss E. D. M., age eighteen, light complexion, blue eyes, dark hair and of slight figure.

Menstruated at about fifteen, since which time had periods of copious sweating. The quantity seems incredible. From two to five quarts of water would literally pour out of every pore in the body in the space of one minute of time! There would be no premonitions except a little moisture of the face and hands. She kept a wash-tub in a pantry close to her bedside, and at the first indication of the sweating would jump into the tub, often leaving a trail of the perspired water on the carpet. I had frequently heard of this case, but must confess that I was incredulous until I actually saw it, and to see was to be convinced. The sweating always occurred during her waking hours; was never roused from sleep by it. It occurred more frequently at the time of her menstruation—occasionally twice daily—usually from one to three days apart. Often during the ten or fourteen days preceding menses would have none.

She was very pale. Flesh soft and cold to touch. During the sweating periods—*i. e.*, when they occurred from one to three days apart—she suffered much pain, the only intermission being from six to nine P. M. The pains were sharp, shooting, and cutting, mostly in stomach, abdomen, head, and upper limbs, always coming on gradually and leaving abruptly. The latter characteristic of pain being so marked that after being confined to the bed for days or weeks would jump up and dress, declaring that she was well. She was always bright, cheerful, and seemed less conscious of pain when entertained by her friends.

Her menses were regular as to time—flow scanty and of dark color.

I was called to see this case in March, 1891. I confess that I had not read the text of *Sambucus* very carefully. I expected every case of *Sambucus* to “wake out of sleep with the sweat.” As an “old school” man, my “old tricks” naturally recurred to me. I had produced copious sweat with *Jaborandi*. I procured some and gave it from 30C to 40M potency without any appreciable result.

I then gave her a dose of *Sepia*^{cc}. She expressed herself much relieved, went over her next monthly period without sweat, but returned before the next one. Taking the character of pain as the guide I then gave *Sal. acid*^{lm}. She expressed herself much relieved of the pain. The sweat was somewhat lessened, but as a homœopathic physician it was unsatisfactory to me.

During the month of September she was confined to the bed and had a profuse sweat as often as every second day, besides many minor ones. I then gave *Sambucus-niger*^{cc} two doses. The effect was magical, as the correct remedy always is, for there has been no sweat since. About six weeks after she complained of the characteristic pain in stomach and bowels. I gave a dose of *Samb.*⁵⁰⁰. That is all the medicine she has had. She has gradually improved and looks now the picture of health. Why did I not give this remedy at first? She had been attended by several homœopathic physicians, covering a period of three years, before I saw her. By one of acknowledged eminence from New York City. Why did they not give it?

PERVERTED APPETITE AND IMPOTENCE.

C. M. BOGER, M. D., PARKESBURG, W. VA.

There are three cures in my case-book that may be worth publishing, if you think so; here they are at your disposal:

PERVERTED APPETITE.—Mrs. D., æt. twenty-four, applied to me on several occasions for the relief of an inordinate craving

for a certain brownish-red clay, which she procured from the creek bottoms and ate in large quantities. Without further thought I prescribed Alumina, with no result. Nitric-acid relieved it, but only temporarily; she now became pregnant and ceased treatment. Two months after delivery, she applied for the relief of the following symptoms, having ceased to expect any help for her strange appetite, which continued undiminished: Aching in left ovary, going to the right, worse in the morning, painful coition, swelling of entire body, slow throbbing in occiput, worse morning and evening and from emotions; *aching* in bladder, and *tenesmus* following *scant*, frequent urinations, urine throws down a creamy sediment and is covered with a *greasy* pellicle; cough, provoked by lying down at night; alternate diarrhoea and constipation, the diarrhoea is watery and gushing; burning sensation in face and dark circles under eyes. She received *Thuja*³⁰⁰, followed by Sac-lac., and recovered entirely, the desire for the clay disappearing also, and it has never since returned. It is to be noted in this direction, that no such symptom seems to be present in the pathogenesis of Thuja, and that the clays eaten by those addicted to this habit are reputed to contain arsenic.

IMPOTENCY.—Mr. E., æt. thirty-eight, came from allopathic hands, where he had failed to obtain relief for the following condition: Urine dark and heavy; after urinating, spermatic fluid escapes; burning in bladder and urethra, must *wait* some time for urine to start; sleepless; emission of semen before erection is complete, and therefore no pleasure in coitus; prostatic discharge after stool. *R. Sepia*²⁰⁰, four powders, and Sac-lac. cured him entirely, and made a convert of him.

IMPOTENCY.—Mr. C., æt. forty, also came from allopathic hands, where he obtained no relief; has dribbling of urine after urination, total extinction of sexual desire, loss of prostatic fluid during any exertion; denies all history of gonorrhoea. Received Cannabis-ind.^{3x}, which relieved him for two months; this was followed by a relapse. He now received Cannabis-ind. ^{10x}, which wrought a complete cure.

THE VITAL FORCE DEFINED.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

Allow me to enter my protest to the unfortunate naming of an article in the February number of THE HOMŒOPATHIC PHYSICIAN, page 63. Had you said Swedenborg's definition of vital force, the suitability of the definition would have been apparent; you might have added, by way of parenthesis, Dr. Bayard indorses this.

Again I must vigorously protest against the imputation that might be drawn from seeing this in a reputable homœopathic journal, that this is Homœopathy, or has the slightest to do with that branch of medicine. Homœopathy has no more to do with the mysticism of Swedenborg than it has to do with the thirty-nine articles of the Episcopal Church, or the decrees of the Vatican, or the mysticism of the Methodists. Let us leave out our religious views and preferences when we talk Homœopathy, and so avoid discussion on points on which we are sure to disagree.

Neither metaphysics nor religious views have anything to do with the practice of homœopathic medicine. On these points we are at full liberty to hold such views as we please, and we may hold diametrically opposite views on these questions, without in any way impugning our medical faith, or lessening the zeal with which we pursue the same object, the development and application of the law of cure.

M. W. VANDENBURG.

SWEDENBORG AND MEDICINE.

CHAS. S. MACK, M.D., ANN ARBOR, MICHIGAN.

It is but a few minutes since the postman handed me THE HOMŒOPATHIC PHYSICIAN, for February, and in it I have read with unusual interest the late Dr. Bayard's remarks, under heading "The Vital Force Defined." The occasion of my writing is that Dr. Bayard quotes Swedenborg. For some few

years I have been a reader of Swedenborg, and have believed that in his writings are expressed the truths of a new age. It has seemed to me that Homœopathy (than which nothing could be more radically revolutionary) is in harmony with this new age. In a little book entitled *Philosophy in Homœopathy* (published by Gross & Delbridge, 48 Madison St., Chicago), I have attempted to bring the light of this new age to bear upon *Similia similibus curantur*; and I suspect that through the writings of Swedenborg we may get light upon various subjects—*e. g.*, the subject of dosage and of the dynamic power of drugs.

Emerson rejected the view that Swedenborg was the commissioned revelator of doctrines to a new age, but in his lecture *Swedenborg, or the Mystic* in his *Representative Men*, he credits Swedenborg with genius and learning most extraordinary. Among other things he says that Swedenborg "must be reckoned a leader in that revolution, which, by giving to science, an idea, has given to an aimless accumulation of experiments: guidance and form, and a beating heart."

I believe that these are the best of reasons for the fact often observed, that New Church people are apt to believe in Homœopathy. To any of your readers who is wondering whether Swedenborg has anything to say of practical value to the medical world, I cannot too cordially or too enthusiastically say, *read him*.

THE MORPHIA HABIT.

A VICE WHICH HAS COME TO BE VERY COMMON IN PARIS.

The London *Standard's* Paris correspondent makes some revelations as to the wide prevalence in that capital of the use of morphia. The correspondent says that the habit of using hypodermic injections of morphia has spread, and is still spreading, with alarming rapidity.

Some years ago there were a certain number of doctors who carried on a proselytizing campaign in favor of combating every sort of pain by morphia. I have been assured, from what I

believe to be a thoroughly trustworthy source, that one or two of these doctors went so far as to give dainty syringes inclosed in little morocco leather cases, to several of their patients. I cannot say whether this was frequently done, but a lady of my acquaintance showed me one day a morphia syringe which her doctor, a well-known French practitioner, had given her. This little present was, of course, accompanied with a prescription for the morphia.

Those tiny bright instruments, which were, and are still to be had at almost every chemist's shop, have had a considerable share in the rapid spread of the morphia habit here. They took the fancy of most people to whom they were given or sold. The possessors of them carried them about in their pockets, showed them to their friends, and, like all those addicted to morphia, did their utmost to make proselytes. I have used the past tense, but I am sorry to say the same thing is going on to-day, and it is a curious fact that there is no class of persons in Paris more addicted to the vice of morphia-taking than doctors and chemists, and their wives and families. In any case the number of habitual morphia-takers is now so large that it is affirmed there are several establishments in Paris where the poison is clandestinely administered.

Those debauches are naturally attended almost exclusively by young gentlemen, though some ladies who would call themselves respectable have been known to accept invitations to them. I have been informed by a person who was present at a morphia tea-party, given at the house of a demi-mondaine living in a street close to the Champs Elysees, that everything was conducted in the most decorous manner. The hostess received her guests with becoming courtesy, and while they were sipping cups of tea and munching biscuits, she administered to them the desired hypodermic injection.

Several of the guests were down-spirited on their arrival, but almost immediately after the little syringe had done its work they became animated, and even brilliant, in their conversation. The terrible reaction naturally followed, but it was not till they had left the gay company, and were brought face to face with

realities in their own homes. That reaction from high spirits to a downcast humor would not probably be so dangerous: if it were not attended with an irresistible craving for another dose of the poison. According to Dr. Oscar Jennings, who is authority on the subject, the craving arises from morphia being a poison for which the only antidote is morphia.

BOOK NOTICES.

A B C OF THE SWEDISH SYSTEM OF EDUCATIONAL GYMNAS-
TICS. By Hartvig Nissen, Instructor of Physical Training
in the Public Schools of Boston, Mass. Instructor of Swedish
and German Gymnastics at Harvard University's Summer
School, 1891. Author of *A Manual on Swedish Movement
and Massage Treatment*, etc. A practical hand-book for
school-teachers and the home. Price in United States and
Canada, postpaid, 75 cents, net; Great Britain, 4s. 6d.;
France, 4 fr. F. A. Davis, Publisher, Main Office, 1231 Fil-
bert Street, Philadelphia.

This excellent little work is a practical hand-book for teaching the "Swedish Educational Gymnastics." It is true there are some treatises on this subject, but they are not sufficiently practical to be of use as a hand-book. The author of this work has avoided the use of difficult scientific terms and made it as popular and plain as possible.

The first two chapters contain questions and answers such as have been most frequently put to the author in his nearly fourteen years' experience as a teacher of Gymnastics, and these two chapters will give a very satisfactory idea of the foundation of the "Swedish System of Gymnastics." Other chapters contain what are termed prescriptions for daily lessons arranged somewhat as follows:

Five daily orders of exercises for second and third class of primary schools. Six daily orders for the first class of the primary schools. Seven daily orders for the fifth and sixth class of the grammar schools. Nine daily orders for the third and fourth class, and fifteen for the first and second class of the grammar schools.

The fullest instructions and commands are given for each exercise and *seventy-seven excellent engravings* illustrate them and add greatly to the practical value of the book. It is complete in one neat, small 12mo volume of about one hundred and twenty-five pages, and may be conveniently carried in the pocket. Bound in extra flexible cloth.

CONSUMPTION: HOW TO PREVENT IT AND HOW TO LIVE WITH IT; Its Nature, its Causes, its Prevention, and the Mode of Life, Climate, Exercise, Food, Clothing necessary for its Cure. By U. S. Davis, Jr., A. M., M. D., Professor of the Principles and Practice of Medicine, Chicago Medical College, etc., etc., Philadelphia, 1231 Filbert Street, and London. F. A. Davis, Publisher. 1891. Price, 75 cents, net.

This book has been written for the intelligent laity, but may be studied by the physician to good advantage. The author gives extensive hints on the nature of consumption, and on the means of preventing infection and predisposition. He speaks of the prevention of consumption and the hygiene for consumptives, and finally gives some general hints on the treatment of consumption, as far as a non-professional can treat himself. It is good reading to place in the hands of any individual having weak lungs. We spent a pleasant afternoon perusing its pages.

W. S.

ESSENTIALS OF MEDICAL ELECTRICITY. By D. D. Stewart, M. D., Demonstrator of Diseases of the Nervous System, and Chief of the Neurological Clinic in the Jefferson Medical College, etc., etc., and E. S. Lawrence, M. D., Chief of the Electrical Clinic and Assistant Demonstrator of Diseases of the Nervous System in the Jefferson Medical College, etc., etc. With sixty-five illustrations. Philadelphia. W. B. Saunders, 913 Walnut Street. 1892. Price, \$1.00.

This is a neat little volume on the Essentials of Medical Electricity, by two distinguished electricians. Everything is practical and to the point. The illustrations are good. It is No. 23 in Saunder's Question Compend.

W. S.

ESSENTIALS OF PHYSICS. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By Fred. J. Brockway, M. D., Assistant Demonstrator of Anatomy at College of Physicians and Surgeons, New York; with 155 illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1892. Price, \$1.00, net.

Mr. Saunders is the publisher of an admirable series of Question-Compend of small octavo size, uniformly bound in blue cloth, and sold at a moderate price. The volume now under notice is No. 22 of the series.

In these days, so many publications calculated to assist the student in acquiring knowledge and fitting himself for examination are issued, that there can

be but little excuse for his failing to learn the principles of his profession thoroughly. In the department of physics and chemistry the student cannot afford to be deficient. They constitute two of the foundation-stones of his medical knowledge. He should indeed have acquired them before he begins the study of medicine. But if he have not, or if he have become "rusty" in such knowledge, this admirable little book now before us will fulfill the need of a suitable instructor. The arrangement is excellent. Each paragraph is headed by a question in heavy black letter, and the answer is a copious and ably written explanation, illustrated by fine wood-cuts. This little book goes upon the editorial shelf as a work of reference.

W. M. J.

THE PUBLIC LEDGER ALMANAC FOR 1892. Geo. W. Childs, Publisher. Chestnut and Sixth Streets, Philadelphia.

This is the twenty-third annual issue of this well known publication, which has become, as well stated in the preface, "a home-book of reference and a treasury of useful information on local and general subjects and events." It is furnished free of cost.

VICK'S FLORAL GUIDE, 1892.

True and tried friends are always welcome, consequently "Vick's Floral Guide" is sure of a warm reception, especially when dressed as daintily as this year. The "Nellie Lewis" Carnation on the front of cover, and "Brilliant Poppies" on the back, are unusually attractive, and the numerous colored plates of flowers and vegetables are certainly works of art and merit. The first twenty-four pages, printed in violet ink, describe Novelties and Specialties. Send ten cents to James Vick's Sons, Rochester, N. Y., and procure a copy of this attractive and useful catalogue. It costs nothing, as the ten cents can be deducted from the first order.

THE TWENTY-FIRST ANNUAL REPORT of the Middletown State Hospital, at Middletown, New York. Transmitted to the Legislature January, 1892. Albany: James B. Lyon, State Printer, 1892.

The purpose of this volume is apparent from its title. The institution itself is designed for the treatment of the insane. The report gives a history of the founding of the institution, and its record for the year ending September 30th, 1891. From the latter part of the statement it appears that 961 patients have been treated in this hospital during the past year.

The most enlightened method of treatment of the insane only is pursued in this hospital, including of course homeopathic medicine. The advanced views of the management in regard to care of the insane are fully set forth in this report. It is indeed a most interesting document.

W. M. J.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M. D. Volume X, Philadelphia: published by the estate of Constantine Hering, 112 and 114 North Twelfth Street.

This the tenth and last volume of Hering's great work, the work that he accounted his monument, is now finished and published. The editor of this Journal has uniformly and persistently urged the immense value of this work upon the profession not alone in these pages, but in private letters to contributors and subscribers. He now repeats that no good Hahnemannian prescriber can afford to be without it. The clear arrangement in chapters of the various regions of the body, the placing of each symptom in a paragraph by itself, and the clear large type all serve to enhance its value and to save time in seeking out any given symptom. It may be ordered of the F. A. Davis Company, the well-known publishers, 1231 Filbert Street, Philadelphia, or of their house in London, England. W. M. J.

THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS. Illustrated by Numerous Cases. By J. Compton Burnett, M. D. Second edition. Revised and enlarged. "Ubi morbus ibi remedium." Philadelphia: Bericke & Tafel, 1892. Price, 90 cents.

Dr. Burnett's little volume is out in a second edition within a year. Our readers have no doubt read the first edition, and know the tendency of the little work. In this edition he has added some sixty pages of reading matter—his latest experience. Let him *prove* his Bacillinum, and then we can all use it when indicated. As it is, his Bacillinum is no better than Koch's Tubercullin, and we know the fate of the latter by this time. W. S.

NOTES AND NOTICES.

DR. AMOS J. GIVENS, who was formerly *Interne* at the New York State Homœopathic Hospital for Insane, at Middletown, N. Y., and later Assistant Physician at the Westboro' Insane Hospital, in Massachusetts, has opened a private Homœopathic Sanitarium, Stamford Hall, Stamford, Conn.

DR. OLIN M. DRAKE has removed from Ellsworth, Maine, to No. 70 Huntington Avenue, Boston, Mass.

DR. SWAN'S POTENCIES.—During the many years I have been making high potencies, I have given them away, or sold them much below the actual cost. I did this in order to induce physicians to use them, knowing that in so doing they could make more speedy and permanent cures, and thus they would be better able to appreciate Homœopathy. I have never allowed any one to assist me

in their preparation, and as the demand for the highest potencies is increasing, and taxing my time and strength, in order that I may receive partial compensation for my work in future, I have decided to raise my prices. Hereafter the price of grafts of any potency will be \$1.00. But if more are ordered at the same time, the price will be 25 cents for each, except the first. The price of No. 1548 vials in pellets will be \$2.00 for the first, and for all others in the same order \$1.00 each. For pellets in half-ounce vials, \$4.00 for the first, and \$2.00 each for all others in the same order. For Potentizing diseased products \$5.00, and the six potencies in dilution will be returned. *No order will be filled unless accompanied by the money.* The potencies I have in stock are the 1M, 50M, CM, MM, CMM, DMM. Having selected the material and made the potencies myself, I can vouch for the purity and reliability, and I have yet to hear anything but praise for their effective action. Respectfully, SAMUEL SWAN.

THE YALE SURGICAL CHAIR.—The Canton Surgical and Dental Chair Co., whose advertisement appears in this number, desire us to announce that on the night of January 30th their large factory for the manufacture of their unique and wonderful chair was totally destroyed by fire, entailing a loss of \$30,000. They have, however, started to rebuild, and before this announcement shall have been read by the profession will be going on as usual in the manufacture of chairs.

DR. EDWARD RUSHMORE has taken exception to the report of his remarks at the meeting of the I. H. A., as published on page 49 of February number of this journal. The corrected report should read thus: "Microscopic examination has shown the fat globules in the milk of the Ayrshire to be finer than in that of any other breed."

THE KLIP.—Our readers must have noticed in the advertising pages of this journal, from month to month an advertisement of a "Binding Klip" for pamphlets. The editor personally recommends this clever device to every member of the profession as a convenient, cheap, and efficient means of preserving pamphlets in an orderly condition. It has been adopted in our office, and we would not be without it. We learn that it has been adopted by the Boston Public Library, Boston Athenæum, New Haven Public Library, the public libraries of Springfield, Northampton, Brockton, Spencer, Pittsfield, and North Adams, Mass., and Pittsburgh, Pa.; by the libraries and reading rooms of Yale and Amherst Colleges; by the U. S. Department of the Interior, U. S. Agricultural Department U. S. Navy Department, etc.; by *Youth's Companion*, and other papers; by many Y. M. C. A. Reading Rooms; N. Y. State Museum, at Albany, N. Y., and by scores of private men of all occupations.

THE LIFE INSURANCE INQUIRY.—The Missouri Institute of Homœopathy has issued a report made by its Secretary, Dr. William P. Cutler, 1227 Michigan Avenue, Kansas City, Missouri, upon the result of the inquiry made to two hundred Life Insurance companies, as to whether they discriminate against homœopathic physicians in selecting their medical examiners of appli-

cants for insurance. Twenty-nine answers only were received, of which twelve claimed to have homœopathic examiners, and gave the names of these examiners; ten claim that they do not discriminate, and one—*The Commercial Travelers' Insurance and Mutual Accident Association*, of Utica, New York, has a homœopathist for its chief medical examiner. The remainder refused to answer or disputed the right to ask such questions.

THE MISSOURI INSTITUTE OF HOMŒOPATHY will hold its next meeting in St. Louis, April 12th, 13th, and 14th. Physicians everywhere are invited to attend, and prepare papers for the meeting. Notice of the titles of the papers should be sent to the General Secretary, William P. Cutler, M. D., 1227 Michigan Avenue, Kansas City, Missouri.

MEDICAL TREATMENT OF SICK ANTS.—The ant is said to have the largest brain according to its size of any creature in the world, and it stands to reason that so much brain must give rise to numerous complaints of the head, and some things we have seen through the microscope recently strengthen us in our opinion.

On one occasion a number of poor, sickly ants came up to the surface, each accompanied by several attendants. I know they were sick because they were so emaciated and feeble—indeed, we imagined a whole hospital had turned out for an airing, but there seemed to be another object. A grave, strong-looking ant was sitting above the ground on a brick wall, and imagine our surprise when an invalid crept slowly up the wall, and immediately the physician ant began to make passes over the afflicted one's head, as though he were trying to effect a cure by the electrical qualities of his antennæ or feelers. The sick one remained perfectly motionless, with bowed head, while going through the operation.

And so one after another came up for treatment, from sunrise until sunset when I ceased observation.

The next morning early we went out again to watch further progress, but the mites were all gone save a very few dead ones that must have been too far gone to be cured. The dead ones were much emaciated indeed.—*Portland Transcript*.

IMPORTANT NOTICE AND REMOVAL.—To avoid failure or doubtful success in use of Peroxide of Hydrogen be sure you get *Marchand's Medicinal*; no substitute can replace it, statements of dealers interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to use substitutes for this article for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs and the unscrupulous druggist or dealer pockets the difference in profit at the expense in reputation of the physician. Marchand's Peroxide of Hydrogen, Medicinal, is put up in 4-oz., 8-oz., and 16-oz. bottles only. Every careful physician should be familiar with the character of the packages in order to frustrate dishonest substitution and assure success. Drevet Manufacturing Company, 28 Prince Street, New York.

RESIDENT PHYSICIAN WANTED.—A competitive examination will be held at the Children's Homœopathic Hospital, Philadelphia, for Resident and Associate Resident Physicians in the early part of April, 1892.

The experience obtained in the Institution and its Out-Patient Department, of which the Residents have charge, is particularly valuable to a graduate. Applicants will please address Dr. Bushrod W. James, President of the Hospital, or Dr. Joseph M. Reeves, President of the Medical Board, 926 North Broad Street, Philadelphia, Pa.

JOURNALS FOR SALE.—Dr. Clarence M. Selfridge, 400½ Haight Street, San Francisco, California, has for sale the following copies of journals belonging to the estate of the late Dr. G. M. Pease: THE HOMŒOPATHIC PHYSICIAN, 1888, complete; 1889, May and September wanting. The Repertory numbers are included in this set. 1891, December number wanting. *The Medical Advance*, 1885, February number, 16 copies; 1887, January number wanting; 1888, 1889, 1890, complete; 1891, July, September, and November numbers wanting.

PRE-HAHNEMANNIAN HOMŒOPATHY.—"Irrespective of one's bias as to the several schools of medicine, it is interesting to note the fact that the poetical mind of Milton anticipated the theory of Hahnemann, as is evinced by the following extract from his preface to *Samson Agonistes*. He remarks that tragedy has power, 'by raising pity or fear or terror, to purge the mind of these and such like passions; that is, to temper and reduce them to just measure with a kind of delight, stirred up by seeing those passions well imitated, nor is nature wanting in her own effects to make good this assertion; for so in physis, things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humors.' I do not remember ever seeing this Miltonic statement of *Similia Similibus Curantur* commented on before.' A. S. Hayden, M.D., Columbiana, Ohio.—From the *Argus*, Jan., 1892.

THE HAHNEMANN HOSPITAL.—The Hahnemann Hospital, of Philadelphia, is now fitted out with what is claimed to be the most complete surgical appliances, instruments, and conveniences to be found in any hospital in the country. The instrument room, the surgical supply room, the splint room, and the private operating room have just been finished and furnished at much expense. Things have been arranged in the most aseptic manner, according to the principles of modern surgery.

The amphitheatre, which was, when first opened, considered one of the finest and best arranged in the country, if not in the world, has recently undergone improvements which still further add to its conveniences. Not only is it well lighted by windows on the four sides, but from the roof also. Directly over the operating table is arranged a circlet of electric lights, which, together with a number of side lights, enables the operator to work at night and the students to have a full view of the subject without a shadow being thrown in any direction. The table tops are all of plate glass and the frames of polished metal, thus insuring cleanliness and avoiding all possibility of any

disease germs finding a hiding place. The sterilized and other aseptic napkins are kept in air-tight stone jars, free from any contact with deleterious substances.

THE STATE AND MUNICIPAL BOARDS OF HEALTH of the several States held a conference in Chicago, on Thursday, January 14th, 1892, with a view to arranging for an exhibit of the official sanitary work of the country at the World's Columbian Exhibition to be held at Chicago in 1893.

THE COMMITTEE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION "to arrange for the meeting of 1893 in the city of Chicago, and to make it as far as possible an International Congress of Hygiene and Public Health," is as follows: Dr. John H. Rauch, Springfield, Illinois, *Chairman*; Dr. A. N. Bell, Brooklyn, New York; Dr. Samuel W. Abbot, Wakefield, Massachusetts; Dr. Peter H. Bryce, Toronto, Ontario; Dr. Charles N. Hewitt, Red Wing, Minnesota; Dr. Lucien F. Salomon, New Orleans, Louisiana; Dr. H. D. Fraser, Charleston, South Carolina.

FUN FOR DOCTORS.

SIR ARTHUR SULLIVAN is credited with saying, in reply to an ignorant, but pretentious woman who asked him if Bach were composing anything nowadays: "No, madam, he is decomposing."

A FAMILY named Boyle has set up a claim to the ownership of much of the territory occupied by Lansing, Mich. It is not strange that Boyles should need Lansing, however.

WHY THEIR BANK ACCOUNT GROWS.—"Patient waiters are never losers," says a very old proverb, and it explains why some doctors eventually get rich.

DID NOT EARN HIS FEE.—Defendant.—"Now, docthor, by vartue of your oath, didn't I say: 'Kill or cure, docthor, I'll give you a guinea?' and didn't you say: 'Kill or cure, I'll take it?'"

Doctor.—"You did; and I agreed to the bargain, and I want the guinea accordingly."

Defendant.—"Now, docthor, by vartue of your oath, answer this: 'Did you cure my wife?'"

Doctor.—"No; she's dead. You know that."

Defendant.—"Then, docthor, by vartue of your oath, answer this: 'Did you kill my wife?'"

Doctor.—"No; she died of her illness."

Defendant (triumphantly, to the Bench).—"Your worship, see this. You heard him tell our bargain; it was to kill or cure. By vartue of his oath, he done neither, and yet he axes his fee!"

DOESN'T COST ANYTHING.—Totling.—"Why do you people borrow trouble so much?"

DIMLING.—"Because it isn't necessary to put up any collateral."



Ed. Lippe.

*The Homoeopathic Physician,
April 1892.*

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THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

APRIL, 1892.

No. 4.

EDITORIAL.

THE PORTRAIT OF ADOLPH LIPPE, M. D.—The frontispiece which graces this number of THE HOMŒOPATHIC PHYSICIAN will be at once recognized by all homœopathists as a most vivid portrait of the late Dr. Lippe, so well and so favorably known as the foremost homœopathic physician in Philadelphia.

So many requests for a copy of the venerable Hahnemannian's photograph have been made of the editor that it has been determined that these wishes shall be granted. Accordingly the accompanying picture is now offered to the profession not alone as a gratification to the subscribers, but as a modest memorial on the part of this journal to our beloved friend and master.

Shortly after Dr. Lippe's death, certain of his professed friends proposed a memorial to his honored name. A committee was formed and subscriptions were procured for this most worthy object. The memorial was to take the shape of a series of lectures by distinguished homœopathic physicians upon subjects relating to Homœopathy. A sufficient amount was stated to have been raised, according to the reports of the committee. This project was considered more worthy of the illustrious scholar who through his whole life had been the most persistent, logical, and able defender of the great law of the similars than would be any brass or stone tablet that could be erected to his memory in either church or hospital. Invitations were issued

to a number of the prominent homœopathists to deliver the lectures of this memorial, and thus the plan was started with great enthusiasm. But whether the amount of capital raised was found to be insufficient, or *what* was the cause of failure, certain it is that this well-devised scheme turned into vapor and vanished in oblivion.

Therefore Dr. Lippe yet remains without a fitting memorial.

AS THE HOMŒOPATHIC PHYSICIAN was the journal which was founded by Dr. Lippe, and the one to which he was deeply attached, and the one whose success engaged his most ardent solicitude, it seems to be the most fitting vehicle in which to convey to his true and earnest followers a memorial that will be at once gratifying and lasting.

The negative from which this picture is printed was taken twenty-four years ago. After much search it was found, and the consent of Dr. Lippe's surviving son having been obtained, the order was given and the accompanying remarkably fine portrait was executed, at considerable trouble and expense, and is now given to the profession.

Dr. Lippe's personal appearance had not sensibly changed since this portrait was taken, consequently it represents him exactly as he appeared a few days before his death.

Our readers, we are well aware, will appreciate the work we have done, and hail with pleasure the opportunity to procure so elegant a souvenir of the departed apostle of Hahnemann.

CHRONIC DISEASE FORCES, OR MIASMS.

EDWARD CRANCH, M. D., ERIE, PA.

(Bureau of Homœopathic Philosophy, I. H. A.)

The above subject, in substance, was proposed to the writer by the late Chairman of this Bureau, Dr. William A. Hawley, but in view of the able papers on the subject that have appeared during the year, it will be advisable to confine the present essay to the few points that have most engaged the writer's mind.

It is universally conceded that there are chronic and incurable

ble diseases, and it is also well known to Hahnemann's students that there are no disease-entities, as separable existences, but that every disease is an expression of the disturbed dynamis, or universal life-force in this or that individual subject. Even in mechanical disorders, fractures, lacerations, repletions, etc., the disturbing symptoms by which we know the organism is disturbed are of similar dynamic origin.

Now where, in our philosophy, is the bearing of this hypothesis upon the law of Homœopathy, and what ought it to teach us in regard to the chronic, or incurable disturbances of the life-force known as miasms?

We can see that all disease is in the disturbed reception, by the subject of disease, of that constant flow of life that comes every moment from the Creator, just as heat and light come to nature from the sun of the material world.

What kind of disturbing causes or hindrances to the orderly life-current determine whether the disease shall be acute, chronic, or incurable, and how do homœopathic remedies turn aside such disturbances? The orderly life-current comes from healthy brains and ganglia, into healthy foods and solids, causing the whole man to grow and perform his functions, voluntary and involuntary, in an orderly manner—that we call health.

What disturbs it? Let us suppose that the child, or the man or woman, eats too much. The *prima via*, the largest tubes in the body, the stomach and intestines, are engorged, in whole or in part. From them the various absorbents and distributing vessels are crowded in turn, and the violence of the disease is in direct proportion to the fineness of the vessels and fibres involved, for even death may be the penalty of an excessive meal, so embarrassing the outflow of the normal fluids that even the brain swoons, and life passes beyond recall, not having room for action. It is a universal truth that influx is proportioned to efflux; if the electric wire has no ground current or its equivalent, it will not flow off; if a man has no activity he dies; if life has no circulation it ceases to animate the body.

Now, such is the elasticity of the bodily economy that it will constantly and continually endeavor to right itself from every

disturbance, never ceasing its struggles to attain free conditions, but not disdaining to accept altered conditions, if it cannot find or force the way to perfect conditions.

And right here is the distinction between acute and chronic diseases. Acute diseases soon allow the vital-forces to flow again in their former channels, but if acute conditions frequently return, or if the original disturbing force is of such a nature as to effect distortion and perversion of the vessels and cellular elements of the body, then health cannot be restored except by such relief to the disturbance as will enable the distorted and perverted cells and vessels to use their share of the ever-acting life-force properly.

In other words, the healing power is not in the medicine, or in the cell, or in the body, but solely and entirely in the vital force we call life, acting on the body by means of constant creative energy.

The disease force acts from without, from the grosser vessels to the finer, the vital-force overcomes the disease-force, if at all, from within, insidiously, slowly, and never perfectly, if the outgoing channels have been permanently warped.

How does the homœopathic remedy effect restoration to health?

In the first place, by its homœopathicity it finds the very path of the disturber, and secondly, by its subtle dynamic quality it is able to go to the very citadels of the life-forces, in the ganglionic and cortical glands, and summon them to the fight, which is prompt and easy, or slow and difficult, just in proportion to the acquired nature of the cells and vessels that are to be the scene of the conflict.

By inherited or acquired malformations of structure a disease is rendered chronic, and is called a miasm, when such malformations are latent or diffused, altering the life-force in every function of life, and seriously diverting or thwarting it in its efforts to throw off acute diseases that may occur at any time in addition to the chronic or latent state of the vessels just called a miasm.

Such miasms are like the nail in the heart of the oak, warp-

ing the growing fibres, and leaving the door open to early decay.

Remove the miasms, if you can, but remember that the old oak must often be propped, and not too deeply probed lest we hasten its downfall. Youth is the time to fight miasms and all other bad habits. The devil is said to smile when a man of forty talks of reforming. So a miasm, whether from sycosis, psora, vaccination, or, it may be, any microbic infection may reach a point where a patching up and easing over of difficulties is all that can be done, but if any hope can be held out it can come only by the homœopathic and not the suppressive method of cure.

Throw out the disturbing elements if you can, and the blessed vital-force, so often maligned or denied to exist, will work out all that is possible of cure.

Right here is shown the reason why the *simillimum* bears frequent repetition so badly, for to start the vital-forces in the right direction is enough, and it is injurious to repress them while they are working, when their work flags, as shown by the cessation of improvement, it is often when some new obstacle is reached, calling for a new remedy; but just in proportion to the chronicity of the affection is the importance of watching the vital-forces and giving them only such stimuli as they can bear without repression and discouragement.

Hence the especial care necessary in avoiding careless or too frequent use of the deeper-acting, or "antipsoric" remedies, not because they themselves are more dangerous, but because they rouse the inmost springs of life, and work on a long chain of obstructions and distortions which must be straightened slowly and cautiously, if they are at all to be removed. If we decide that they cannot be removed, then it is wiser to turn our attention to the alleviation of less vital conditions, and so establish a sort of tolerance for the main incurable disease.

The homœopathician must use his tools with care in the presence of the eternal conflict between life and death.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

(Continued from March number, page 100.)

SCUTELLARIA^{40M}.

Causes marked nervousness and restlessness. This for years has been a favorite remedy with me for nervous, hysterical women. It quickly calms them. They feel soothed, easy, and rested, and the most prominent symptom is better, sounder, and more refreshing sleep.

SECALE-CORNUTUM^{95M} (F.).

I have found this highly curative in *varicose ulcers* and enlarged veins of the lower extremities in old men and women where the ulcers have been of years' standing. Very useful in dry gangrene of the aged. It produces pains through the eyes, coming from over the forehead into his eyes, feels pains worse in his eyes than anywhere else; burning sensation in them. *Very thirsty* continually; soreness in the back of the neck; sensation as if he had been struck; had chills, never shook so in his life; chill from four A. M. until ten A. M.; chill worse in back. During chill severe muscular pains in extremities. Neither fever nor sweat followed the chill. Vomited during the chill a quantity of bile. Has had frontal headache for a week. Worse in the afternoon.

SENEGA⁵⁰.

Menses come on too soon. Gnawing pain in the left side at the waist. Nausea continually. Dry scraping sensation in pharynx. Hoarseness.

SEPIA^{45M}.

Produced marked catarrhal conjunctivitis; quickly brought on the menses on a prover with amenorrhœa for five or six months; throbbing pains in top and back of the head. Left ovarian soreness and bearing-down sensation in the uterus. Have verified frequently the symptom of left ovarian soreness. Right ovary only slightly affected.

SERPENTARIA⁵⁰.

Quite dizzy and weak ; would fall if she didn't take hold of something ; symptoms of cold in chest with cough ; caused an eruption like a variety of eezema in patches, dry, scurfy, indurated skin.

SILICEA^{CM}.

Frequently cured hang-nails, "run-arounds," ulceration about the nails, toe-nail ulcers, with thin, offensive discharges ; causes sensation of *tightness* across the *abdomen* ; throbbing at the pit of the stomach ; difficulty of expelling the stool ; rectum seems paralyzed.

Has often relieved pain in the left ovary. This symptom discovered accidentally while giving the remedy for other troubles.

SPIGELIA.

Caused working, twitching, or spasmodic movements of eyelids. Nervous condition of body generally.

SPONGIA-TOST.^{CM}.

Watering of eyes ; latterly gummy or mucous discharge, with obscured vision ; dry cough ; clearing of throat constantly. I have found it generally the most effective remedy in true as well as spasmodic croup.

STRONTIA-CARB.⁵⁰.

Severe pain from the knees to the ends of the toes ; abdomen much swollen ; uncomfortable fullness of abdomen ; slight show of menses ever since her last period.

Kind of a smothering as if she couldn't get her breath ; distress about or around her heart, as if pressed upon ; couldn't rest ; moaned at night ; diarrhœa of a very violent and persistent kind ; on the vessel every few moments ; griping at the lower part of her abdomen and in rectum ; pain on urinating ; perfectly easy after four in the morning.

Bowels that only moved twice a week now move three times daily. This continued as long as medicine was taken.

STANNUM^{30M}.

Provings on consumptives; occasionally through the day they were seized with a great weakness at epigastrium, and then felt hungry, but could not eat; sensation as if they would faint; empty feeling at epigastrium; symptoms entirely new to the provers.

STILLINGIA-SYL.^{45M}.

Fever at one o'clock P. M.; gets into a heavy sleep; perspiration toward morning; have not made a thorough proving of this remedy.

STRAMONIUM^{CM}.

Pain in loins; urine turbid, brown, and thick; very scanty; no force with it; proving was not pushed to extremes. This was the first symptom noticed.

SULPH-ACID^{5C}.

Soreness between the scapulæ; feels tired; tight, dry cough, slight hacking. Acted like magic in curing bronchitis in children with short, teasing cough. Frequently verified latter symptom.

SULPHUR^{CM} and ^{45M}.

The most effectual of all remedies I have ever used in the many forms of brain disease and in extreme cases with unconsciousness, stupor, mostly of children, continued low fever, cases which look like death when Bell., Zinc., Hellebore, and Hyos. were of no service, Sulphur helped promptly.

SULPHUR^{2C}.

Heaviness of the legs and thighs; so tired prover can scarcely walk; has to stop several times in walking up-stairs; caused emissions three times daily. This took place during the third week. Frequently cured seminal emissions. Cured many cases of otorrhœa after scarlet fever. Several cases of amenorrhœa in young girls with great debility. Parents fear the child is going into decline. Produces fearful hunger and craving for food,

mostly for dinner. Can't go to bed or church without taking food with her. Caused turbid, yeasty urine in many of the cases. Great weakness in the legs. Can hardly go about. Wants to lie down. Great gnawing hunger. Unless she gets something to eat, almost faints. Sulph. has apparently cured epilepsy for me several times. Caused watery vomiting in some of the cases. Incredible as it may seem to those who have no experience with proving potentized remedies, I have frequently caused the most alarming symptoms with Sulphur high—a condition resembling paraplegia of the lower extremities. (Cured a case of vomiting, due to cerebral congestion from exposure to sun.) Highly curative in young persons with scrofulous ophthalmia. Cured two bad cases of amblyopia, dimness of sight; one in a girl, the other in a man. When he or she picked up a paper to read, the letters had a *double* instead of a single stroke or line. This is the language of the prover. Mist before the eyes, both had the symptom as if they were blinded for an instant with a dark cloud before the eyes. Caused and cured constipation as well as disposition to piles in nearly all the provers. Symptoms of the lower extremities given above were the most prominent.

SYMPHYTUM-OFF.⁵⁰.

Pains across his epigastrium from one side to the other; worse opposite the spleen and in walking; when sitting pain is severe about the navel; griping pain; headache sometimes in the occiput, and again in top of head, occasionally in forehead; indefinable headache all over the head. Menses stopped; great deal of headache. Feeling of weight in the forehead constantly. Considerable fever, which comes and goes often during the day. Often complains of coldness, cramp, and diarrhoea; nasal cavity sore, picking at the nose; rubs her eyes; inflamed ears, feels as if something was in them, stopped up, can't hear well, slight deafness; feeling miserably; generally weak and no desire or ability to be employed.

TABACUM^{67M}.

Cured in the prover an unhealthy, pimply, sycotic skin, existing a long time; numbness in left upper extremity, side of

head, and ear; all puffed up about the abdomen; left sternomastoid muscle very painful to touch, with drawing pains; at times crampy muscular pains in different parts of the body. In swallowing and after the food passes down an aching would occur between the clavicles, up the left side of the neck into the left ear; *feels as if the œsophagus was too small for food; always coughed after eating*; slight sore throat became well in one day after taking the medicine; hot hands, heat on top of head, urine high-colored; tongue coated; feels weak and fainty, only lasting a few minutes; nervousness; sleeplessness; sighing; anxiety in left chest mostly.

Cured in the prover a grunt-like clearing of the throat, coming on every few minutes; had been troubled off and on for years with it; caused anxiety and great restlessness, with fluttering sensation of the heart, and attending nausea. Verified this a great many times.

TARTAR-EMET.^{45M}.

Caused inflamed lids, catarrhal conjunctivitis, soreness all over the chest. Promptly cured on the prover long-lasting dyspeptic symptoms, with loss of appetite, soreness on left hypochondrium. All the provers developed cough, which was constant and distressing; disposed to be loose; much expectoration.

TELLURIUM^{5C}.

Neuralgia of the side of face and head, affecting the fifth pair of nerves; verified this symptom by cures; pain intermitting and severe; general neuralgic pains flying about and in various parts of the body, along course of the nerves.

UVA-URSI.^{10M}.

Feels weak, nauseated, sore all over as if bruised; pain in chest, cold in head, throat tickles, feels like coughing continuously; nasal mucous membrane appears raw; symptoms of a severe cold; excess of mucus in throat; no appetite; cutting sensation in urethra on urination; often cured hoarseness.

TEREBINTHINA^{1M}.

Highly curative in piles ; causes and cures conjunctivitis ; one of the most effective remedies in early stages of gonorrhœa, and as a remedy in gleet.

Produced painful, burning urination, disposition to urinate every ten minutes, third day of proving. Caused burning in the uterus with severe bearing-down pain ; heat all over her ; craves drink ; complains of heat in pelvis ; abdomen is fuller than usual. I have found this to be a most valuable remedy in checking the profuse bleeding occurring often in cases of very large uterine fibroids ; nostrils sore ; disposed to bleed ; cured frequently bloody stools ; disposition to bleed from mucous surfaces.

Piles, bleeding and painful ; symptoms of cold in the head ; hearing affected ; own voice (and others) sounds unnatural ; right ear has moist discharge ; sounding and humming in left ear as of a seashell held to ear ; can't tell who the person is who speaks unless sees him ; talking loud is very painful to ears ; irritation passed from right to left ear ; ear symptoms only developed in a few provers.

After proving the remedy four days, caused smothering feeling ; never comes on in day, only at night, or about eleven P. M. ; on going to bed, smothering feeling referred to ensiform cartilage, but mostly to the larynx ; obstruction apparently there, which comes on whenever he lies down ; then has a tight cough for an hour or so ; difficulty of expelling the urine ; frequent urination ; small quantity passed.

Have frequently cured with this remedy wetting the bed at night, involuntary stools, disposition to pick the nose, and worms ; children's complaints ; bronchitis in the very young.

THERIDION-CURASS.^{5C}.

Frequent urination at night. Constipation, sore throat, lasting a week ; chilly ; bones feel sore ; difficulty of swallowing from enlarged tonsils ; water scanty and high-colored.

TRIFOLIUM-ALBUM.^{1M.}

Giddy ; head and face feel hot ; severe dyspepsia ; coated tongue ; constipation ; skin rough and dry.

THUJA-OCCIDENT.^{60M.}

Loose bowels, four movements daily. Cured, in two or three weeks, warts on hands, existing fourteen years ; hands covered with warts for years, cured in a few weeks ; frequently cured long-lasting gleet, after gonorrhœa ; troublesome, slight, long-lasting cough.

TRIFOLIUM-PRAET.^{10M.}

Complete aphonia, choking sensation always comes on toward night ; feels as if something was obstructing the throat and should come away. No sore throat ; couldn't speak above a whisper ; has a desire to clear her throat, but not sore ; gums spongy and sore ; hoarseness.

Have made repeated trials of this remedy in potentized and crude form in several varieties of cancer and without any good effect.

Relieved *constipation effectually* ; bowels were loose for a long while after taking the medicine.

Eyes weak and watery.

Dull headache over both eyes ; shooting neuralgic pain in the teeth ; cramp in the left sterno-mastoid muscle ; drew his head to one side for a good while, and only relieved by great heat and rubbing ; working, gnawing sensation, with much gas in his stomach ; saliva seems sour ; bowels which were greatly constipated now regular ; cleaned off a continually-coated tongue. Have often cured a common set of symptoms, bad breath, continually coated tongue, loss of appetite ; food {does not have proper taste ; constipation ; stools dark and hard ; soreness in small intestines, with much flatulence.

TRIGONOCEPHALUS-PISCIVORUS.

Poison of *Trigonocephalus Piscivorus*, 30th decimal, prepared by myself from specimens I caught on coast of Gulf of

Mexico. Produced profuse and long-lasting, watery, comparatively painless diarrhœa, and at times instant giddiness. Provers would fall in a faint or swoon and remain in that condition for a few moments. Some others would feel slightly nauseated and giddy. Great pallor. Highly curative in giddiness.

TRILLIUM-PENDULUM^{10M}.

Shooting pains through the chest ; symptoms of cold in the chest ; aching of the muscles in general, as if from exposure to cold and dampness.

Violent cramp-like pain at the end of the sternum, very severe and continuous for some days ; later, as it became better, a sensation of pressure and squeezing remain, with some difficulty of breathing because of it ; cramp-like pains on various parts of the body ; worse at night. Variable symptoms in other provers counted out. These appeared to be constant.

TRITICUM^{5C}.

Soreness in the middle of the sternum ; pain catches him every time he coughs ; constant coughing ; always blowing his nose ; pain across the front of chest, low down ; sore to touch and pressure. Nostrils clogged with mucus.

Soreness all along the sternum and in the stomach ; pain runs through to the back from the sternum ; itchy around the lower eyelids—they burn and sting ; coughs a little, without expectoration. General soreness in chest.

Symptoms of cold in head with some cough ; much sneezing, which strains him across the upper part of his chest ; slightly hoarse, brings up with coughing some tough phlegm.

Soreness across the upper part of the chest in all the provers.

TROMBIDIUM^{15C}.

Dryness in the nose ; snuffles without discharge. Rheumatic-like pains in toes of left foot ; sensation of general heat all over the body, with oppressed breathing. Joints of extremities feel sore generally.

TUSSILAGO-FARFARA^{1M}.

Intolerable stupidity and sleepiness; impossible to keep awake; distended feeling from epigastrium downward; bowels much constipated.

VALERIANA-OFFICINALIS^{CM}.

More than doubled the amount of urine usually passed; nothing peculiar about it other than being very light in color. This was the first prominent symptom. Great restlessness.

VARIOLINUM^{45M}.

Has proven wonderfully successful in small-pox. I gave it to twenty cases at least during the epidemic of 1873, in Philadelphia, and where exhibited early it had, I believe, a markedly modifying and curative effect on the disease.

VERBASCUM-THAPSUS^{45M}.

Quickly cured severe soreness in the pharynx, felt on swallowing. This has occurred often; guided by a similar symptom produced by it. Sensation of heat in epigastrium as if from dyspepsia.

Violent diarrhœa on the third day after taking the medicine; eighteen to twenty movements daily; griping; a great deal of pain as if pierced with a lance; pain in both cheek bones and above her eyebrows; menses come on earlier; coughed a good deal; neuralgic pain in left ankle; cramps around the navel; seems as if the pain was caused by bowels becoming twisted; burning on passing water, which was voided often; heels hurt her severely; *great stiffness in left ankle joint*; more or less soreness and stiffness in the joints of the lower extremities.

WISTERIA^{5C}.

Very sharp pain across the small of the back, both sides; worse on walking; never had it before; would come on instantly and lame him.

WOORARI^{90M}.

Nausea continually ; vomits bile occasionally ; feels very weak not disposed to walk about ; very bitter, disagreeable taste ; lips and body dusky at first, with fever, afterward prover becomes very red in the face ; sensation of hammering in the head ; *instant giddiness*. No perspiration visible, but general continuous fever, but not very great.

ZINC-SULPH.⁵⁰.

Had to arise in the night two or three times to pass water ; mouth felt and was sore ; tongue sore ; general dull and listless feeling, with no appetite. Complained of having severe dyspepsia, like a load in epigastrium. No eructations.

ZINC-OXIDE²⁰.

Persistent tight cough mostly at night ; dull pain in chest ; free expectoration of tough mucus ; nausea ; mouth and tongue very sore ; lips chapped in spots as large as the end of the finger ; highly curative in certain forms of ulceration or inflammation of the cornea, particularly in scrofulous children with cough and dyspepsia. , With disposition to ulceration of skin. Skin rough. Sore patches.

ZINGIBER^{CM}.

Loose bowels and griping stools, movements which were previously dark and hard, are now light in color. Nausea. Constant eructations of wind—not particles of food.

SENSATIONS OF COLD in some parts of the body are sometimes produced by *Rhus-tox.*, in some cases by *Ammon-carb.*, and others by *Ars*. For a good selection it is necessary to observe the slightest moral or physical symptom.—*Revista Homœopatica*, April, 1891.

SOME CHARACTERISTICS OF KALI-PHOSPHO-
RICUM.

AS EXPERIENCED IN PROVING 30TH AND 100TH
(B. & T.), 1M (TYRRELL), AND 40M (F.)

E. E. CASE, M.D., HARTFORD, CONN.

(Bureau of Materia Medica, I. H. A.)

MIND.

Despondency.

Disinclination to converse with others.

Memory defective for even familiar names.

Difficulty in getting words to express ideas.

In general a sluggish condition of mind, which will act if aroused. A condition much like that experienced after preparing for and passing through an important examination. The physical condition resembles this.

HEAD.

Dull aching in the occiput extending through the base of the brain, with the peculiar characteristic which has been verified clinically, better by eating. Also relief from eructations of gas. Also better from gentle motion (clinical).

This seems to be a hungry headache.

Pain in the occiput and lumbar region when awaking in the morning ; better by lying on the back, passing off after rising. (This occurred on the fourth, and again from the nineteenth to the twenty-first day with the 40M). In many instances during the proving of the 40M, a return of symptoms was noted in a period of from ten to fourteen days.

Sharp, sticking pains outward from the orbits to the temples, better by pressure on the temples.

Intense itching of the scalp, worse at night whenever awake. The higher the potency the more severe, and long continued were all symptoms of the skin.

EYES.

Conjunctivæ much affected—as in all stages of catarrhal conjunctivitis, from dryness and redness in the mucous discharges, and agglutinated lids, sensation as from sticks and sand under the lids.

Eyeballs sore, painful when touched or turned.

EARS.

Itching in the auditory canals.

Pimples about the meatus of left ear.

NOSE.

Sneezing, with bland coryza, worse in the open air.

Thick, yellow mucous discharge, sticky, forming crusts in the nares at night which are offensive to the smell. Bloody crusts in the morning; sometimes epistaxis of dark blood follows their removal.

Sores inside the nares.

Tip of nose cracked.

Blisters on margin of alæ coalëscing into one crust.

The catarrhal symptoms show a relationship to Kali-bich., but instead of being ropy, the discharge, though tenacious, is more cohesive than adhesive. This catarrh would persist for at least two weeks in all provings.

FACE.

Intense itching under the beard, also itching pimples, neuralgic stitches, especially from the upper teeth to the ear on left side, and from the temple near the ear to a point above the eye on the right side, while driving, is less in the open air; better by warmth of the hand (nineteenth to the twenty-first day, gradually decreasing with the 40M).

MOUTH.

Thick white coating on the tongue in the morning.

Offensive odor from the mouth.

Foul taste, sometimes bitter.

Saliva profuse, thick, salty.

Gums pale, swollen, easily bleeding.

Roof of mouth swollen, lying in ridges.

A dead tooth (with fistulous opening) ulcerated.

Grumbling pain in the teeth, which were sore in their sockets.

Dryness in the throat, and sensation as if grain husks were in it.

Tonsils swollen, and aching ; left most affected.

A point at the right of the larynx, was affected in all the provings in different degrees, lameness, swellings, achings, and from the 30M an abscess which discharged internally. With the 40M on the morning of the twentieth day, both tonsils had upon them solid white deposits, looking like the membranes of diphtheria, traces of the same were upon the pillars of the fauces. The throat became clear toward night. A similar deposit was upon the left tonsil the next morning, but passed away before noon.

Pain from the left tonsil to left ear, worse in open air upon the same days, also fever, prostration and general aching, better by slight motion.

STOMACH.

Appetite increased on the first few days, then decreased, and lost during the remainder of the proving.

Gaseous eructations (after eating) would begin soon after first dose ; qualmishness or nausea felt from the stomach to the throat ; better by eructation of gas.

Empty gnawing ; faint or trembling sensations in the stomach ; better temporarily after eating.

ABDOMEN.

Distended with gas throughout all provings, with resulting symptoms, colic pains borborygmæ ; sensation of fermentation ; soreness to touch on account of the pressure.

STOOL AND ANUS.

Noisy flatus continuous through the proving ; offensive at first when the appetite was too great, and an overloaded stomach in consequence.

Early in the proving the stools were undigested and offensive ; later they became hard and dark-colored ; usually they would come on after eating. Whatever the stool, it would be followed by an uneasy urging as though not all was expelled. With the 40M the urging seemed at times imperative as if diarrhœa was threatening, yet nothing but flatus would be passed.

URINE.

Sluggish stream ; a few drops apt to remain and moisten the clothing ; throughout the provings, often first few days. With 40M the urine caused burning or smarting in the urethra ; frequent micturitions ; very red for two days ; saffron yellow for two days.

MALE SEXUAL ORGANS.

Sexual passion increased at first ; then depressed through the proving, even to complete loss of power for many days ; nocturnal emissions with the lower potencies.

RESPIRATORY TRACT.

Hoarseness, with cough, from dryness in the trachea, which felt sore and was hurt by the cough.

Expectoration thick, white, and very scanty.

NECK AND BACK.

Lymphatic glands on the back of the neck swollen (40M). Drawing pains in the lumbar region ; worse by lying on the back, early in the proving ; later, better by lying on the back (40M).

EXTREMITIES.

Aching in the shoulders and arms ; better by moving them ; drawing aching following whole length of right sciatic nerve ; better by walking slowly (30th).

Drawing pains from the knees downward, also from the soles to the knees ; better by motion.

Chilliness, with severe pain from knees to ankles ; could scarcely keep from groaning ; after retiring, better by getting thoroughly warm (eleventh day with the 30th).

Drawing pain in the back and extremities, especially from the

soles to the knees, and from the shoulders to the hands; pains frequently change location; better by warmth, also temporarily by moving affected parts. (Kept me awake from two to four A. M. seventeenth day, from three to four A. M. eighteenth day, at same time in the night, but less severe, nineteenth day, with the 40M.)

Physical prostration; the muscles feel sore if moved; better by the motion, yet quickly exhausted; feel weaker than I am in reality.

SLEEP.

Vivid, disagreeable dreams of burglars; of floods wrecking the house; of being in a public assembly unclothed.

A tendency to sleep upon the back, a position which was very uncomfortable both before and after the proving (40M).

FEVER.

Chilliness, with pains in the evening, followed by fever, sore throat, and prostration.

SKIN.

Great itching here and there; better temporarily by scratching; worse at night whenever awake (awoke with it two nights under the 40M); most severe on scalp and under the beard.

Peculiarity—an itching on the inside of the hands and feet where the skin is the thickest.

CONDITIONS.

Two to five A. M. aggravation of pains and itchings.

Cold air aggravates all pains.

Eating—aggravation of stomach and bowel troubles.

Aggravation of occipital headache.

Eruclatations of gas ameliorate stomach symptoms and headache.

Motion ameliorates pain, if gentle. Continued motion aggravates on account of muscular soreness and weakness.

Warmth ameliorates all pains.

I suggest a careful watch for a rhythmical recurrence of symptoms at an interval of from ten to fourteen days, which seems to have occurred under the influence of the 40M.

A CASE OF TWIN PREGNANCY SIMULATING FIBROID TUMORS.

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(Bureau of Obstetrics, I. H. A.)

Mrs. O. C., æt. thirty-five; medium stature and build; black hair and eyes; weight one hundred and twelve pounds; menses always regular, and normal in color and quantity; married January 25th, 1888, and menses regular until June 4th; about the middle or last of June menses appeared again; and last of June in the morning she began to be dizzy, and everything smelled badly all day; she also began to be tired and feeble; there was but little nausea through the whole period of gestation. About the middle of July the menses appeared, about two hours, quite severe, and she called upon me at my office on the 18th; I gave her Puls. On the 21st she had nausea from the cooking and smelling of food; gave Colch.^{21m}, and from this date to August 2d gave indicated remedies as symptoms arose.

At this period she said there was a bunch near the navel on the right side, and it was then called a tumor or pregnancy. About the middle of August she detected a tumor on the left side, low in the groin, and she had a hæmorrhage at this time, filling vessel nearly half full, and had two or three other attacks of hæmorrhage afterward. Had hæmorrhage always after riding or a walk, and had no more hæmorrhages after she quit walking or riding.

About the 20th of September, 1888, she called upon Dr. Van de Warker, of Syracuse, an experienced gynæcologist of the old school. Upon examination he said that she had a tumor and it was a fibroid; also that she was pregnant in his opinion. His advice was, the only consideration is your safety. "I do not care," he said, with a snap of his finger, "*that* for the foetus, and I am no Catholic and have no Catholic superstitions," and said that her only safety demanded that he take away the foetus. She said to him, "Why not take away the tumor?" He said,

"I cannot take away the tumor without destroying part of the womb, and that would grow up so that the child could not be delivered," and he said the only alternative was then Cæsarean section.

At this stage he gave her a very formidable prognosis; she called again at his office in about a week, and he made another very thorough examination and was confirmed in his opinion, and he advised an immediate removal of the *fœtus* under consultation. The next morning she went to Clifton Springs Sanitarium and was examined by Mrs. Dr. Gault, and she agreed with Dr. Van de Warker that there was a fibroid tumor with pregnancy. Also that she had a polypus, and the case was so interesting that she wanted the opinion of the faculty in the case. The next morning four of them, besides Dr. Gault, made the examination and agreed in the diagnosis; and Mrs. Dr. Gault, then and there, removed a small jelly-like mass, placed it in the palm of her hand, passed it around for inspection, and claimed that it partly obstructed the passage.

The patient said that she had no more hæmorrhage after this time, and also said that she was very sore all over her abdomen on account of the examination. She returned again in six weeks for examination, and there was no change in their diagnosis and no signs of life, and they advised no meddling and wait results. Her very large condition caused her relatives and friends much anxiety, and the prognosis that had been given in her case by specialists.

She being at home on the 10th of September, I was called by her husband to give her case a very careful examination and study. I first examined her carefully for sounds of *fœtal* heart with stethoscope, and could plainly hear the heart's sound; also the placental murmur. I then told her that I was satisfied that she was pregnant; but with the advice that if she would keep out of the specialist's hands and wait until she felt life that would prove my diagnosis. About the last of October she said that she felt life. Prior to October the examination of the other physician corroborated my diagnosis. At this date she said that she wished to ask many questions about her condition,

and her prospects of a favorable or unfavorable termination. I showed her the large plates of tumors in Martin & Magryer's *Atlas of Gynæcology*, and explained to her what effect the tumors would have upon the development of the womb, particularly their location, whether internal, external, or within the walls of the uterus. She fully decided to wait and see what nature would do for her. At intervals from September 21st to 28th she received Puls.^{2c}. From October 22d to 25th, symptoms called for Sep.^{2c}. On October 25th for bloating, very full after eating, gave Lyc.^{2c}. October 30th she was attacked with intense itching all over her body, for which she received one dose Psorin^m. The itching recurred November 13th, for which she received one more dose Psorin^m, with no further recurrence of the itching,

December 6th, gave her Caulo., for aid in labor; February 26th, gave her three powders of Puls.²⁰, as she was nearing time for labor. I kept her steadily upon a vegetable diet. On March 6th, 1889, at eleven A. M. summoned to see Mrs. O. C. She said that she had some bearing-down pain this morning, and about two A. M. she felt something pass from her, and she flowed some bright red blood for a short time.

She says for the past week she has discharged a dark mucus; also, that the action of the child has not been so strong, and says for the past three or four days her abdomen has been so hard. She says that she feels well in every respect, and all of the secretions have been normal. She says that her right leg swelled some. She showed me the vessel, and I saw a clot about three inches long by about one inch in diameter, and perfectly cylindrical, color dark and firm, resisting breaking down. Also saw some bright blood on napkin.

I then told her she had better be examined, and I would try to learn the condition and relation of the organs and parts. In careful examination upon her back and left side, also standing, I found the pelvis clear, and could readily feel the distended womb against the symphysis pubis, also found the neck of the womb in its normal position, pointing toward the point of the coccyx; the neck was soft and flabby, and projected like a nipple; my

finger readily passed into the os uteri up to the internal os, which was firmly contracted, and on removing finger it was covered with a thick bloody white mucus, no odor, and a very small dark clot adhered to my hand. On careful palpation and auscultation with the naked ear, I could clearly detect the sound of the foetal heart on the right side of the abdomen. On inspection I found the abdomen very large and prominent, and not developed equally. There was no central flat space as we usually see in twin pregnancy. There was a tumor as large as the fist projecting from the womb in the left lower region of abdomen, and another hard, prominent tumor near fundus of the womb, on the right of the mesial line of abdomen, also another as large as the fist in the right side of the abdomen, on a line with the navel. The rest of the abdominal tumor was smooth and not modulated, but very hard and unyielding, and on palpation I could detect a weak movement of the child in the fundus of the womb on the left of the mesial line. The abdominal tumor is and has been located centrally all the period of gestation.

As I had never seen such a case, I gave her my reason why I did not examine her earlier was that, as she had been examined by such competent specialists, that I should rest quietly and await developments.

March 7th. Messenger came at two A. M., saying that Mrs. O. C. wished my services, as labor was at hand. On examination found the os dilating and pain regular, and everything progressing satisfactorily.

At this stage of the labor I said to the nurse that I would lie down, and when the pain became very active to call me. The nurse called me at four A. M., and found pain regular and labor progressing finely, and at seven A. M. she was delivered of a living male child, and before I could ligate the cord, she says, "Oh! dear, what a sharp pain I have," and I promptly examined her and found another child in utero; this child, a male, was born in about twenty minutes, dead, and showed all the external appearances of having been dead for about a week, the tissues around the eyes, mouth, and nose, gave full evidence of

this ; she had severe post-partum hæmorrhage, which was controlled with China.^{2c}.

On extracting the placenta and examining her carefully with one hand in the cavity of the womb and the other external, no tumors could be found, and on examination, after two months had elapsed, no tumors could be found.

She made a very slow recovery, but in a few weeks she began to recover rapidly, and she afterward nursed her child and became strong and well. I learned from the nurse afterward that the cause of death of the twin was that she had a very severe quarrel with her Irish nurse about one week before March 6th, and that on March 6th she showed me the clot and complained that her abdomen was so hard. The dead child was a perfect counterpart in features of the living one, and just as fully developed, and weighed the same as the living child.

In searching obstetric works carefully for such cases as narrated, we find but very few of those conditions mentioned. Dupaul, and one other author, whose name I have forgotten, alludes to such cases, and are classed as cases of unequal development of the walls of the uterus ; this unequal development of the muscular walls in this case would aid to explain the severe hæmorrhage. In this condition the muscular walls of the uterus could not contract equally.

WHAT CURES? AND BY WHAT METHOD?

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(Read before the Kings County Homœopathic Medical Society, October, 1891.)

It almost seems the prevalent idea that matter is the healing agent. It is not matter in the ordinary sense, but the peculiar forces inherent in and evolvable from matter which cure. Careful observers find that homœopathic medicine, whether given high or low as to "potency," if too long repeated, aggravates the symptoms extant, and develops others ; so that it becomes necessary to suspend its use, and allow the medicinally aroused and directed vital-force to accomplish the cure. We admit the disastrous complication of disease produced by long administra-

tion of the crude drug ; for example, the complication of syphilis by excessive dosing with Mercury ; and recognizing that susceptibility to the similar medicine is heightened by disease, verify by observation our surmise, that the most minute or infinitesimal dose if too frequently repeated, complicates and renders more inveterate the morbid disorder, sustaining the precept of Hahnemann, "Omit medicine when improvement begins, and desist from medicine while it continues."

No disease has to me appeared more demonstrative of the influence of medicine, and of the value of the most minute doses, than intermittent fever. The tendency in any case of this disease under unchanged local conditions is to retain its peculiar symptoms until affected by medicine ; but it has been observed, when an unsuitable medicine, China, for instance, was given, even at the 200th, the succeeding paroxysm was imbued and modified by the symptoms of China, and its characteristics being changed or adulterated, the selection of the remedy was rendered more difficult ; on the other hand, when a single minimal dose of the similar medicine was given, the following attack became milder, and usually all morbid phenomena ceased with the third paroxysm. The single dose was most beneficial, while the effect of repeated doses, even of the homœopathic remedy, especially in low potencies, protracted the case and discouraged both physician and patient ; the aggravation produced by its repetition obscured its homœopathic action, and here we see the unwisdom which may lead the discouraged from abused Homœopathy into pernicious allopathy. It is fair to draw a practical lesson from such experience and to apply it in the treatment of all diseases, viz. : to employ the single similar medicine, the least requisite dose, with the least requisite repetition.

The following case is not presented as a typical illustration of the preceding remarks, but an endeavor to *approximate* the principles therein stated :

SPINAL CONGESTION OR SPINAL MYELITIS.

Antonia S., aged nineteen, dark haired, of sanguine temperament, generally healthy, had for ten days pain the whole length

of the spine, and on both sides of it, from its lower extremity to the base of the cranium, with great sensitiveness to pressure.

When bending forward the pain extends from the lower back upward. She has frequent "rushes of blood to the head," the face feels hot and has a jacqueminot flush. She had occipital headache and sensation of fullness or congestion of the head, with stiffness of the nape of the neck on turning it, pain shooting from the shoulder down the right arm to below the elbow, with a continual stiffness and aching, worse when raising the arm to the head; also a sensation of "choking tightness," as she expresses it, in the middle of the sternum, and sharp pains through and from the sacro-lumbar region down the back of lower extremities to below the knees. Iron presents the symptoms given, tearing from the top of the right shoulder down the upper arm, causing inability to raise it, is one of its characteristics; the direction of the spinal pain upward, *except as to the nape of the neck*, is not mentioned in the proving.

R May 23d, 1890, Ferrum-met.^{45m} (Fincke). One dose.

May 27th, head entirely relived of pain and fullness; the upper arm relieved; no pain or stiffness of the neck; pain still extends from the lowest back upward to the infra-scapular regions; the sacro-lumbar portion still painful, though with the pains extending from it down the lower limbs, less severe. No medicine.

May 29th. Facial paralysis has appeared on the right side.

R Thuja^{5m} (F.), one dose, dry.

June 2d. Face somewhat drawn to the left, moderately flushed, no headache, the whole back painless, numb; legs heavy and draggy from the knees down; ascending difficult. She habitually now, as before this sickness, lies upon the back; both sides feel sore when lain upon, though she feels less uneasy upon the right side. The menses appear at intervals of from three to four months, the last occurring a month ago, painless, the flow scanty and pale; face flushed in proportion to delay of menses; the hands and feet burn, especially the soles; indigestion; wants to be uncovered in bed, but soon wants to be covered again.

June 2d, Sulphur^m (F.).

June 10th. Facial paralysis nearly obliterated ; she is able to close both eyes ; head and stomach "all right." A steady ache has appeared between the scapulæ ; when lying, soreness upon the side lain upon, corresponding to the lower ribs ; feet still heavy when walking, more when ascending, numb while sitting, face flushed. R Puls.^{45m} (F.), a dose. Pulsatilla is worse lying on either side, especially the left ; has the symptom, wanting to uncover from heat, but soon chilly, wanting to be covered ; and possibly it should have been given instead of the Sulphur, though improvement followed the latter.

June 17th. Face free from paralysis ; interscapular pain now only present in the morning, except slight return of it in the evening ; she sleeps well, still lying on the back ; occasionally, since the Pulsatilla, lies on the right side ; a little soreness when on the left side ; feels less heavy ; very slightly numb while sitting.

June 30th. She feels entirely well, except a slight, interscapular pain on awaking in the night or morning, which passes off by change of position or rising from bed ; lower extremities without numbness or heaviness. It is now (June 30th) two months since the last menses. R Pulsatilla^m (F.), one dose, dry.

July 7th. Normal menstruation during the last week. She is quite well, has continued to be well until the present writing, December 2d, 1891.

Duration of treatment, from May 23d to July 7th.

CINA.

THOS. WILDES, M. D., KINGSTON, JAMAICA.

I desire to call attention to Cina for some cases of chronic parenchymatous nephritis, with some or all the symptoms, as follow :

Gout ; rheumatism ; urine reddish-brown, loaded with uric acid, and stinking outrageously, like rotten eggs, or rotten meat, or chicken-dung, or all ; patient irritable, nervous, erratic, and highly excited by ardent spirits ; cerebral hyperæmia ; miser-

able, restless sleep; even unable to lie in bed, but must sit in chair or walk; wakefulness for hours, with agonizing apprehensions and palpitation of heart, with oppression, fullness, pressure, and pain in region of heart; great depression of spirits.

It is seldom that Cina would be the first remedy thought of for such symptoms, but after all other remedies have failed, it will create a complete metamorphosis within thirty-six hours, and cause the disappearance of a multiplicity of disagreeable symptoms.

Even for the pathological condition of the kidney, Cina will be found to be the main remedy.

The guiding symptom for Cina is the INFAMOUS ODOR OF THE URINE, EVEN WHEN FIRST PASSED, AND INCREASED BY STANDING.

In all conditions, as above described, there co-exists hyperæmia of the base of the brain, either active or passive.

WHAT DID CANTHARIS CURE?

FRANK KRAFT, M. D., CLEVELAND, OHIO.

Some four or five months ago a lady came to my office suffering from great pain in the left side of the body, the attack, having set in some twenty-four hours before, was constantly increasing, and would culminate, as she said, in a violent paroxysm of pain so great that the doctors who have always been called in at such juncture would give hypodermics of Morphine until the pain was deadened. Pains of this kind had been known to her even as a school girl, though her married life was comparatively free until the last four years (now ætat. forty-one), after the birth of her first and only child. Since this event she has had these spells perhaps as frequently as once in three or four months. The lady from her own statement and a rather close oral examination is the picture of health; never an ache or a pain except when this paroxysm sets in. The doctors had variously diagnosed the trouble as gall-stone (in the left side) and as ovaritis. The history elicited was Bright's disease for the

father and asthma for the mother, both now dead. She herself had had catarrh of the head in the worst form, and every year promptly from the 10th to the 12th of August hay fever claimed her as a victim. The catarrh had given way to local treatment of an eminent specialist last winter, but the hay fever she was not at all sure about.

The principal symptoms presented on this visit were a constant, cutting, jaggling, "sprangly" pain in the left side, following very closely the ureter; gnawing pain in the "small" of the back that at times nearly "killed" her; and a constant teasing to pass water which would, when gratified, be but a few drops or a teaspoonful and be very painful.

Now what this lady wanted was something to keep off this attack of pain which she knew was coming, and she did not want either Morphine or Chloroform. Could that be done? I thought it could. I gave several powders of *Cantharis*^{2m}, with directions to take one whole powder at once, and dissolve another in the usual quantity of cold water, one teaspoonful of which solution to be taken immediately after the effort at urination. I asked to have brought to me on the morrow the urine voided until her return.

On the morrow the patient returned, reported no increase of pain, but still there was grumbling and growling there, and she wasn't quite content to trust the powders already given and taken. The urinary symptoms were gone. The Mason fruit-jar (one quart) was filled with a muddy urine, giving out the odor of turpentine, and depositing a sediment very nearly one inch deep, of a gritty, white substance. On chemical test, found it well loaded with albumen.

The sight of the urine and its deposit, and the explanation of the albumen rather shook the lady's faith in her perfect health, and she agreed when this paroxysm was done to put herself under a course of treatment. I gave another *Cantharis* powder, and a half-dozen blanks, and asked for another specimen of urine. The patient appeared duly, said she was perfectly well, no pain, no ache, and the urine when produced was clear as crystal.

So far the hypercritical reader has discovered that this patient suffered from renal colic, and that instead of Cantharis^{2m} curing the case, it was simply a milder attack than formerly of renal colic, and nature itself threw off the morbid pain-producing products, and the lady recovered. And Cantharis^{2m} had nothing to do with the case. Perhaps not. But let us go a little farther.

On the night of Aug. 19th, this lady called me to her house, and asked if I still believed it necessary for her to undergo examination and treatment, seeing that she had so promptly recovered, and had continued so well ever since. "Why, do you know, Doctor, that this is my hay-fever time, and it has never before failed to come within twenty-four hours of the 10th of August; but here it is the 19th, and I haven't had a touch of it, and don't feel the least bit like it." I was about to put in a modest claim for having kept off the annual visitant, when the whole cake was knocked into pi by—"but I took so much treatment last winter for my catarrh that I thought maybe that treatment also cured my hay fever, so to-day I called on the catarrh-doctor, and asked him if he had also intended to cure my hay fever when he was at work on my catarrh, and he said that that was just exactly what he had done!"

Between the hypercritical critic already referred to, and this specialist doctor, Cantharis^{2m} in this case seems to be somewhere between the devil and the deep sea. "What did Cantharis cure?"

SOME CLINICAL EXPERIENCE.

J. H. JACKSON, M. D.

Dysmenorrhœa, violent cramping pains in uterine region and deadly sickness at stomach, increasing more and more till vomiting water, mucus, and food would give entire relief—this was the history of all previous attacks. The last one was greatly intensified; the face was deadly pale; *the upper lip was puckered together and drawn upwards, exposing the upper teeth.* "It feels as though my lip would draw up into my nose" was the way the patient expressed the symptom.

Reading over Gentry's *Concordance Repertory*, I had come across the symptom on page 62, Vol. II: "Upper lip drawn up, exposing teeth," etc. Camphor.

The remedy had not fixed itself in my memory, but the symptom had; and on looking for the word "drawn" I readily found the above peculiar, hence guiding and characteristic symptom. Accordingly administered Camphor^{em} (Swan), with the satisfaction of giving immediate relief to a *very* sick patient.

On several previous occasions I had prescribed in vain various remedies: the case growing worse and worse till complete relief would follow from vomiting; the patient always being able to eat a hearty meal within twenty minutes after vomiting.

The attack so readily cured by Camphor was an alarming one. The patient looked like one sinking down to death; the fingers were shriveled, icy cold, icy-cold feet, and cold sweat on face and body.

A dozen or more times at the menstrual period this lady has had some pain, accompanied by the symptom, "My upper lip feels as though it would draw up." If Camphor^{em} was taken at once this sensation would pass away in a few minutes, and then menses would be painless.

I advise every homœopathician to procure at once Gentry's *Concordance Repertory*. It is \$42 well expended.

Mr. S. for twenty years has not been able to lean back against a chair, the spine being so sensitive he could not bear any pressure upon it.

Several remedies were prescribed without effecting any improvement.

I had been unable to find the exact symptoms anywhere; but on looking in Gentry, under Generalities and Key-Notes, I found under Pressure the symptom: "Cannot bear pressure on any part; could not rest back against chair; obliged to change position often; feet painful from resting on floor." Bapt.

Baptisia^{50m} (Swan) cured this sensitiveness, and with it many other symptoms.

Gentry's *Concordance Repertory* is priceless, and much honor is due the author for giving the profession a work of such value.

AMERICAN INSTITUTE OF HOMŒOPATHY.

SECRETARY'S NOTICE OF SESSION OF 1892.

The Annual Session of the Institute for 1892 will be held in Cornwall's Hall, Washington, D. C., beginning on Monday afternoon, June 13th, and continuing until Friday, June 17th. (See Transactions of 1890, page 63.) Monday afternoon will be devoted to preliminary and routine business, and in the evening the President's Address will be delivered and the Memorial Service held.

The proprietors of Willard's Hotel, the Ebbitt House, and the Rigg's House have contracted with the Local Committee of Arrangements to accommodate physicians and friends accompanying them at the uniform rate of three dollars per day. The Local Committee will establish its headquarters at Willard's, and they request and advise that all engagements of rooms at any of these houses be made through their Chairman, Dr. J. B. G. Custis, or their Secretary, Dr. Wm. R. Ring.

The preparatory work of the Bureau is being prosecuted with more than usual energy, with special efforts to secure an intelligent and profitable discussion of the papers. Essayists, who wish their papers well discussed, should place duplicate copies in the hands of the appropriate Chairman at least one month prior to the meeting.

The Session of 1892 presents some special claims to the support of all homœopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of Homœopathy in the Southern States; to present a strong front to the governmental officials assembled at Washington; to antagonize the schemes now taking shape for the subversion of professional liberty among the physicians practicing in and around our National Capital; to take action respecting the boycotting of homœopathic physicians by life insurance companies; to further increase the numerical strength and influence of our national so-

ciety, and to prepare for a proper display of our power and importance as a profession to the peoples who will visit our shores during the Columbian Exposition—these are some of the motives and objects that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Secretary's Annual Circular, to be issued in May, will contain information concerning railroad rates and facilities, and a complete programme of the business of the session. Any physician failing to receive a copy, can obtain it on application. Membership in the Institute is open to all homœopathic physicians in good standing. A blank application will accompany the Annual Circular. Admission fee, \$2.00; annual dues, \$5.00, entitling the member to the Annual Volume of Transactions.

PEMBERTON DUDLEY, M. D.,
General Secretary.

FIFTEENTH AND MASTER STREETS,
PHILADELPHIA, PA.

THE AMERICAN OBSTETRICAL SOCIETY will hold its next regular meeting in the Hahnemann Medical College building, Fifteenth Street, above Race, Philadelphia, on April 20th, at eight o'clock P. M. Papers are expected from Drs. Geo. B. Peck, Providence, R. I.; W. C. Dake, Nashville, Tenn.; Charles B. Gilbert, Washington, D. C.; Loomis L. Danforth, New York; A. R. Thomas, and J. Nicholas Mitchell, Philadelphia. A cordial invitation is extended to all members of the profession interested in this important specialty to attend without further notice. Dr. Thomas Franklin Smith, 264 Lenox Avenue, New York, is chairman of the Board of Censors. Applications for membership may be sent to him. Any regular graduate in medicine in good standing, a practitioner of Homœopathy, is eligible for membership. The annual dues are one dollar. There is no initiation-fee. Further information in regard to the society may be obtained if desired by addressing the President, Dr. George William Winterburn, No. 328 West Twenty-first Street, New York.

KEY NOTES.

PROTAGON.—For brain-fag, and the mental and physical debility after intense intellectual study, and the same condition following *la grippe*. The condition of Mr. Edward M. Field, as described in the papers, is a simillimum—no doubt that he could be cured.

VARIOLINUM.—For a dry, hard cough, from constant itching or irritation in the larynx and trachea. Cough after *la grippe*.

MORBILIN.—Constant cough in children, from itching or irritation in larynx.

BUBOIN-SYPHILITICA.—For adenia (Hodgkin's disease), glandular diseases, syphilitic gummata.

TUBERCULINUM.—For a hard cough, resulting in the expectoration of yellow mucus, mixed with common mucus, or of a white lump, or a quantity of white substance, looking like thick milk, and especially if there is soreness in either or both lungs, when coughing or taking a deep breath. (Incipient tuberculosis).

MORBILIN.—For measles.

DIPHTHERINUM.—For diphtheria.

SCARLETINUM.—For scarlet fever, either of the smooth Sydenham variety, or for the eruptive.

VARIOLINUM.—For small-pox in all stages, and as a preventive.

PYROGEN.—For all stages of blood-poison, whether from injuries, operations, malignant diseases, or malaria.

SYPHILINUM.—In any disease where the aggravation begins after four P. M., and ceases at daylight.

LAC-FELINUM.—Pain in and through left side of head; pain through the left eye-ball into the brain; ciliary iritis.

SANTONINE.—Bright's disease, gout, rheumatism, and especially if there is an *intolerable, offensive odor from the urine*.

MAGNETISMUS-AUSTRALIS.—For ingrowing toe-nail; relieves the pain instantly, cures quickly and permanently.

Cholesterine.—Almost a specific for gall-stone colic; relieves the distress at once.

Erysipelin.—Has cured many cases of erysipelas.

Ezemetin-syphilitica.—Is very effective, especially if prepared from the patient's disease.

The above remedies were given in the *highest* potencies, and the results verified by other physicians beside myself.

SAMUEL SWAN, M. D.,
NEW YORK, March, 1892. 13 West Thirty-eighth St.

USE OF FORCEPS.

EDWARD CRANCH, M. D., ERIE, PA.

(Bureau of Obstetrics, I. H. A.)

The above title does not have the definite article, because it is not proposed to give an exhaustive treatise on the subject, but, accepting the standard indications for the use of forceps, such as impaction, unusual delay, certain malpositions, and so forth, as given in modern text-books, it is now proposed to give a few details of indication for the use of forceps that have presented themselves to the writer in his twenty years of practice.

A frequently-met condition is this: labor progressing fairly, in best vertex position, but waiting in the excavation, without apparent cause. First, be sure that the position of the head is normal, a very important point; then, if delay shows only increasing elongation of the head, with no apparent progress in at least an hour, then, applying the forceps, which is easily done in the excavation, one or other of two conditions will be found to have been most often the retarding cause: wrapping of the cord about the neck, or the presence of a hand alongside the face. This last condition, though frequently met with, does not appear to have been attended to by writers.

Mention was made of the importance of locating the exact

position of the head. In early practice it was thought enough to know that the head was presenting, to make it proper to apply the forceps, if delay occurred, without careful exploration, resulting in frequent scarring of the face in transverse positions, laceration of ears, and the mother's perineum, if the vertex was posterior, and fruitless efforts at extraction, with subsequent disastrous resort to version, in cases with the hand preceding the head, or in face presentations, in most of their positions.

Now it is deemed best, on the slightest doubt in locating the head, to wait long enough to be sure there is delay ; then proceed, with anæsthetics, if necessary, to locate the head, finding the parietal protuberances or the ear, and tipping or rotating the body till the head presents properly, or proceeding at once to perform version, if the head does not come to time.

One of the most useful expedients, whose original author is not just now remembered, is the tilting of the head by one, or, better, two fingers on the crown, well toward the mother's back, when the vertex is forward, but flexion being delayed, the regular descent has not taken place.

The writer has been called in consultation and performed this little sleight of hand to the great surprise of the attendant, and the satisfactorily speedy delivery of the mother. The manœuvre sometimes has to be repeated at the inferior strait, with good results. In general, it is the writer's belief that the use of forceps should not be too long delayed, nor should they be used through the final exit, if the labor-pains are abundantly strong, though here is a nice field for the exercise of judgment in individual cases.

We should not be too afraid of laceration of the perineum, and a preliminary incision may guide the laceration when it appears inevitable.

The appearance of laceration is not always an evidence of the previous use of forceps, as some professors have asserted, nor is it always an evidence of their ignorant or clumsy use, as others have urged. Much doubtless depends on the shape of forceps employed. They should not be too thick, nor the shanks too

widely separated ; on the other hand, they must not be slender enough to bend and slip off, nor narrow enough to exercise injurious compression.

Much erroneous opinion is extant as to the speed that should attend delivery with forceps ; it cannot be fixed, but must vary with circumstances, as must the amount of force to be used.

A thorough knowledge of and due reflection on the anatomy of the parts, and their ascertained degree of rigidity, will prevent recklessness and insure success where success is possible.

In abnormal positions of the head, especially if low down, it is often better that the forceps should be applied, even with some risk, than that the graver risk of version should be undertaken.

It is a good rule never to go to a case without the forceps, one or two pairs, in hand, or in easy reach, for thereby much annoyance and risk will be averted.

A LAC-CANINUM CASE.

RUFUS CHOATE, M. D., WASHINGTON, D. C.

J. F., a boy, aged five years, spent Wednesday evening with a company of children and got more candy than was good for him.

Thursday I was called and found a very sick boy. He was restless and no place could hold him. If he went to his mother's lap, her arms were too heavy for him ; if lying down, his body pressed too heavily upon the bed. He tossed about—never at rest.

He complained of a headache as of a nail driven into his head. His face was flushed and his whole body in a red glow. I was told that he awoke in the morning with a sore throat.

Upon examining his throat I found it highly congested, and the tonsils, with fine red veins visible. On the right tonsil, about the size of the nail of the little finger, a dirty, dark patch of membrane, and the same in the back of the throat. A smaller particle of membrane on the left tonsil.

He was awakened from sleep by empty swallowing, which caused him to cry out with pain.

The back of his hands and the upper portions of his feet itched horribly, and he was constantly calling to be scratched.

His eyes were congested and full of tears.

He scratched his head vigorously.

He says his legs feel as though cold water was poured upon them.

Pulse, 136. Temperature, 101.

I called for two glasses, one about half-full of water. Into the water were placed about twenty No. 10 pellets, medicated with Lac-caninum 50^M (Swan), and for one minute I poured the medicated water from glass to glass. To the boy was given one teaspoonful (what remained was thrown out and the glasses sent out of the room to be washed). With the same care, water medicated with Sac-lac. was prepared and the order given to let the patient have one teaspoonful of this every two hours.

Friday morning.—During the night the palms of the hands and the soles of the feet itched so fearfully that only rubbing with a hair-brush appeased somewhat its fury.

Upon examination I found his throat much less congested. The patch on the left side almost gone; no membrane in the back of the throat, and very much less on right tonsil.

The lad received me with a smile.

Pulse, 100. Temperature, 98.6.

Gave him one more teaspoonful Lac-can. and continued Sac-lac. every two hours with directions that to-morrow a report of his condition be sent to my office.

The following report was sent to me Saturday by the patient's mother :

Jack rested well all night; and I gave him his medicine every two hours. I have just examined his throat and find the right side looking better than last night; the left side still shows the white patch a little. Behind the palate is a bright red spot. The whole surface, of course, is still inflamed, but looks better than it did.

I am writing to tell you of the eruption that has appeared. His legs and arms, and from the small of his back down to the insteps of his feet are covered with a fine rash. I don't think I could put a pin-point between them. He is wild with the itching.

I sent more Sac-lac. Teaspoonful every two hours.

Sunday morning.—The boy, under two doses of Lac-canium, 50^M (Swan) is doing splendidly. I prescribed more Sac-lac. and in four days, am happily through with a serious case.

BRITISH MEDICINAL PLANTS.*

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

ORDER 26. ROSACEÆ (CONTINUED).

Fragaria vesica (from *Fragro*, to smell sweet). The Wood Strawberry.—The mature fruit of this plant was formerly recommended in gouty and calculous affections, probably on account of its efficacy in removing tartar from the teeth, which it does very effectually. To ladies, and those who wish for good and clean teeth, there is nothing better than cleaning them with ripe strawberries, and it is a *perfectly safe* dentifrice. As every one knows, it is a most delicious fruit, and, if sound, one can scarcely eat too many. It has been called the “oyster of summer.” The leaves of strawberry, boiled and applied to wounds, are said to take away the burning heat; a decoction from the plant strengthens the gums, and fastens loose teeth, and is said to be good against inflammations of the mouth and gums; it is reputed to be effectual in regulating or staying bloody fluxes or other issues of blood. The fruit quenches thirst and allays inflammation or heat of the stomach. The distilled water is said to be good against passion of the heart (sadness), reviving the spirits, and making the heart light. It is said to cleanse the

* By an oversight, this article was omitted from its proper place in the series of papers on British Medicinal Plants.—ED.

face from redness and spots, and to make the skin fair and smooth. It has been used with success against stone in the kidneys. In the United States, strawberries may be obtained from January to December. In the winter months they come from the Southern States, in the summer from the Northern States, so that American ladies can always have this useful and delicious fruit, with its many virtues. There is some proving in Allen's *Materia Medica*.

Geum urbanum (Wood Avena).—The root of avens has a fragrant, spicy smell; a small quantity is sometimes put into ale to give it a fine flavor. The root has been used to tan leather; also, to dye wool, to which it gives a permanent yellow color. The avens is not much used in medicine, but the powdered root is said to be equal to Peruvian bark in ague. It is also recommended in dysentery and disorders arising from a weak and relaxed state of the bowels. I believe there is no proving.

Orders 27 and 28 contain no British plants used in Homœopathy.

ORDER 29.—ONAGRACEÆ.

Epilobium palustre (Willow Herb).—This plant is said to be cooling and drying, and good to stay all kinds of fluxes and looseness; it is said to be a remedy in venereal discharges, nocturnal pollutions, etc. The leaves are cooling when applied to hot tumors and inflammations. There is some proving in Dr. Allen's *Materia Medica*.

Enothera biennis (Evening Primrose).—A naturalized American plant, very common, especially in gardens; brought to this country from Virginia in 1680. The fleshy roots were formerly cultivated as a vegetable; eaten raw, they were said to increase the relish and desire for wine, hence, its generic name, meaning *oinos*, wine, and *thera*, a hunt or pursuit. This plant does not appear to have been used in medicine until its introduction by Homœopathy. There is some proving in Allen's *Materia Medica*.

Order 30, Haloragaceæ, contains no plants at present used in Homœopathy.

ORDER 31.—CUCURBITACEÆ.

Bryonia dioica (the Red-berried Bryony).—This plant is the only member of the order *cucurbitaceæ* indigenous to Great Britain. It must not be confounded with the well-known *Bryonia alba*, the berries of which are *black*. Both plants contain *Bryonin*, and may have very *similar* medicinal properties, but that is not sufficient reason why one should be substituted for the other, especially with such distinct differences, both in the flowers and fruit. It is surprising that the *British Homœopathic Pharmacopœia* allows either plant to be used. I suppose because it is more easily obtained, in spite of the fact that *Bryonia alba* was the one proved. All other pharmacopœias draw attention to the necessity of using the black-berried plant. The *American Homœopathic Pharmacopœia* (Tafel) draws especial notice to the necessity of using the plant proved, but unfortunately most if not all the tincture of *Bryonia* used is made in Germany, and as the red-berried Bryony grows there also, there is no question that it is often used either separately or with the black-berried plant in making the tincture. I would advise every homœopathic chemist to write to Germany or France for the *black berries* and grow the plants, but unless they obtain the entire berry there is no certainty that the *seeds*, which are supplied separated from the pulp and skin, will turn out true. My first trials in this direction resulted in failure, although obtained from the most eminent seed-houses, after *two years'* growth they berried *red*. I have been obliged to go thus fully into this matter under *Bryonia dioica* because the *Bryonia alba* is not an English plant, and could not well be brought into this paper; it ought to be English, because it grows here when planted, *perfectly*, and because it grows on the European continent from the north to the south; and, further, because it is a homœopathic remedy of such extreme importance, and for this reason the utmost care should be exercised in preparing the tincture. Probably many failures result from not using the genuine plant, and these failures may mean loss of the patient's life. The *Bryonia*

dioica produces vomiting and purging, even in small doses. It has been used empirically for the cure of dropsy and hysterical complaints; poultices of the leaves have been recommended as an excellent remedy applied to painful tumors and *severe rheumatism*, old sores, scrofulous swellings, etc.; it has been successfully used as a hydragogue, emenagogue, and diuretic, and when fresh it is emetic; it is a powerful and irritating cathartic, it was at one time employed in asthma, mania, and epilepsy; in large doses it produces inflammation of the bowels and all the other effects of an acrid vegetable poison. These effects are caused chiefly by Bryonin, the active principle. *Bryonia alba* also contains the same substance, and I will mention here some of the effects *produced* by the latter when proved, which will be seen to be the same as those mentioned above, as cured by the drug:

Bryonia produces inflammation of mucous and serous membranes and dropsical conditions, and inflammation of the *lungs, pleura, heart, uterus, liver, bowels, bladder*, etc.; it is an every-day remedy in the treatment of these conditions, as every homœopath and many allopaths know. Martindale, one of the examiners of the Pharmaceutical Society, includes it in his extra *Pharmacopœia* as a remedy for *pleurisy, cough, dropsy*, etc., given in *small doses*. It also *produces* violent muscular pains like rheumatism, aggravated by the slightest movement, gouty-like pains. It suppresses the menstrual flow, diminishes the secretion of urine, as well as producing the opposite conditions; it produces the most obstinate constipation, as well as the most severe diarrhœa. Its action on the respiratory organs may be imagined, if it is capable of inflaming those organs, yet its action in small doses is wonderful when these conditions arise from natural causes. It produces the most terrible shortness of breath, aggravated by the least movement; this aggravation from movement is peculiar to *Bryonia*. It produces terrible delirium, great mental irritability, and excitement, patient desires to get out of bed and go home, desires things that cannot be had, and refuses when offered things that were desired, irrational talking, etc., rush of blood to the head. For the other

effects of Bryonia, see the provings in Hering's *Guiding Symptoms*.

ORDER 32.—PORTULACEÆ.

This order contains no British plant used in homœopathic medicine.

A CASE OF METASTASIS.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

Some months ago an unmarried lady, twenty-six years old, was brought to my office from a distant town, to be treated for a chest trouble—asthma, her allopathic physicians had called it. She has had this trouble now for about one year. Her pulse is one hundred and ten, and the temperature one hundred and one, very quick breathing all the time, and always worse at night; can sleep only a very short time, on account of this dyspnœa. There is a rattling noise on her chest, and a hard cough, with free expectoration.

After watching her symptoms for a little while, I came to the conclusion that there was chronic bronchitis, with asthma.

The remedies for a week or ten days did some little good. "I am better than I have been for a long time," were her own words. Still I was convinced that the disease had the best of me, and that I was not making much headway. Sulphur^{dmm} was given now to clear up the case, and to re-develop any hidden trouble in the system. After three days her pulse was ninety, and her temperature ninety-nine. Cough, rattling, and the terrible dyspnœa were gone, and a most painful *ovarian neuralgia* had come on.

After some questioning it came to light that the lady about two years ago had been "sickly with her womb," as she expressed it. Several physicians had finally cured her of it, and after this scientific cure, in which vaginal injections of Carbolic acid and Sulphate of Zinc, etc., had played a prominent part, the chest trouble came on.

The indicated remedies, Cimicifuga and Lilium-tigrinum^{dmm} soon cured the ovaritis, and she remains well to date.

CENCHRIS CONTORTRIX.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

Mrs. T—, aged fifty-six years, experienced a great deal of pain in the right ovarian region for a long time, and is afraid that a tumor is forming there. Her appetite is fair, excretions and secretions of the body all in order. After several apparently well-indicated remedies caused no change in her condition, I happened to think of what I had read concerning the above remedy, and at once began to give it.

Cenchris^{em}. The pains ceased within three days, and have not returned now for over one year. The pains and distress had existed for about six months before she took the one dose of Cenchris.

Mrs. W—, aged thirty-eight years, has severe pains at each menstrual epoch, and a swelling in the right ovarian region now for over one year. The swelling is about the size of a large orange, and very hard. The menses are very profuse, almost to a flooding; she looks tired and worried, and cries much. Has two children, last over three years old. After the use of several well-indicated remedies there was no change.

Cenchris^{em}. Pain less in one week. Menses only lasted four days the next time, where heretofore they had continued six days and longer. During the next three months she took four doses of Cenchris; pain entirely gone. Menses regular; swelling reduced to the size of an egg, soft and movable. As she considers herself well, she refused further medication.

THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, requests the pleasure of the company of the Alumni of the College at its Annual Re-union and Banquet on Tuesday, April 12th, 1892. The banquet cards, costing \$3.50, can be secured from any officer of the association, The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 11th, 1892.

W. W. VAN BAUN, M. D., *Secretary*,
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BOOK NOTICES.

THE CHINESE: Their Present and Future ; Medical, Political, and Social. By Robert Coltman, Jr., M. D., Surgeon in Charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu ; Consulting Physician of the American Southern Baptist Mission Society ; Examiner in Surgery and Diseases of the Eye for the Shantung Medical Class ; Consulting Physician to the English Baptist Missions, etc. Illustrated with Fifteen Photo-Engravings of persons, places, and objects characteristic of China. In one handsome royal octavo volume of 220 pages, extra cloth. Price, \$1.75, net. Philadelphia : The F. A. Davis Co., Publishers, 1231 Filbert Street.

This book reads like a novel, and once begun will not be laid aside till completed. The author has spent many years among the Chinese ; lived with them in their dwellings ; thoroughly learned their language ; dressed in their peculiar habit ; has become conversant with all their strange and odd characteristics to a greater extent than almost any other American. He has been a physician to all classes of this wonderful people, and the opportunities thus afforded for a clear insight into the inner life of the Chinese ; their virtues and vices, political, social, and sanitary condition, probable destiny, and their present important position in the world to-day have been ably and wisely used by Dr. Coltman. He pictures the character of the Celestial just as we see him here in our country. As a people, they are never in a hurry, but sluggish in the extreme. Sympathy is out of question with them, and good Samaritans are even more rare than in Palestine. If half is true what Dr. Coltman writes regarding the morals of the Chinese, they well compare with the Americans or English. Adultery may even be punished with the death of the guilty parties, which in civilized countries is not possible. He saw a woman and her paramour led to execution down the principal street of Chinanfu for adultery, and the suspicion of having killed the woman's husband, and all around him the people kept saying : " A righteous verdict," " They deserve to die," and other like comments expressive of their disgust at the crime, and their satisfaction with the extreme penalty about to be administered.

One of the most interesting chapters is that upon leprosy. The author doubts the excessive contagiousness of leprosy. Thus, at page 155, he says : " Leprosy cannot be as contagious or infectious as a great many alarmists in and outside the medical profession in the United States would have us believe ; for if so, the people of China would have disappeared from the face of the earth from leprosy, long ago. My reason for this statement lies in the fact that, although there is leprosy existing in every province of the empire and

every city of size, yet in spite of the fact that the leper is under no quarantine regulation of any kind, leprosy has not spread to any appreciable degree in the last century. If leprosy is actively contagious, would not the leper handling money, farm implements, and even food-products, be a centre for the distribution of the disease?"

At page 161 he says: "I believe, from what I have seen, that the disease is hereditary in most cases; that it is feebly contagious; that it is inoculable. Many of my patients with leprosy have acknowledged having had syphilis, and I believe that the previous saturation of the body with syphilis affords a favorable soil for the development of the disease." * * * * "Given a proper soil, and the bacillus introduced, the specific disease is certain to follow. Introduce it upon a barren or uncongenial soil, and the death of the bacillus would follow. This proposition seems undeniable, reasoning from analogy. If it is so, the syphilitic body seems a very favorable soil for the growth of the bacillus of leprosy. The Hawaiian Islanders were a strong, hardy race, apparently, up to the time the whalers from the Pacific infected the people with syphilis, which spread until, it is reported, they were about all syphilized; then leprosy took hold, and to-day the settlement of Molokai, the largest leper settlement in the world, is the result. * * * * I don't want to be understood as saying all lepers are syphilitic. My position is, that a syphilitic person is more apt to become leprosy upon exposure to contagion for a length of time than an otherwise healthy individual would be."

The above extract is particularly interesting to homœopathists. The book is full of interest to everybody, and our thanks are due to Dr. Coltman for the admirable style with which he handles his subject. W. S.

WITH THE POUSSE CAFÉ. Being a collection of post-parandial verses, by Wm. Tod Helmuth, M. D. Philadelphia (1011 Arch St.) Bœricke & Tafel, 1892. Price, \$1.50, net.

This attractive little volume is a collection of after-dinner poems, some of which were read and others given in response to toasts at medical banquets. All are bright and witty, and if amusing to laymen, will be much more so to those of the medical profession, and will recall to many pleasant memories of those reunions where they were given. The paper is elegant, the printing tasty, and the margin all that is to be desired. We agree in all the sentiments, save the Doctor's theory of trusting more the blade than the dose. *Similia similibus curantur*, well and wisely applied, is more powerful than the "sword."

HISTORY OF CIRCUMCISION FROM THE EARLIEST TIMES TO THE PRESENT. By P. C. Remondino, M. D. Philadelphia (1231 Filbert St.), and London. F. A. Davis, Publisher, 1891. Price, cloth, \$1.25; paper, 50 cents, net.

This most interesting and clever book constitutes No. 11 of "The Physicians' and Students' Ready Reference Series," most of the numbers of which have

been from time to time noticed in this journal. The present volume gives the moral and physical reasons for the performance of circumcision, and incidentally gives the history of eunuchism, hermaphroditism, etc., and of the different operations practiced upon the prepuce. Its main object is to advocate the universal practice of circumcision as a prophylactic and a hygienic measure.

The writer says, in his preface: "The operation of circumcision, with its pains, annoyances, possible and probable dangers, sinks into the most trifling insignificance, in comparison to some of the results that are daily observed as the tribute that is paid by the unlucky and unhappy wearer of a prepuce for the privilege of possessing such an appendage. * * * The practice is now much more prevalent than is supposed, as there are many Christian families where the males are regularly circumcised soon after birth, who simply do so as a hygienic measure. For the benefit of these, who may congratulate themselves upon the dangers and annoyances that they and their families have escaped, and for the benefit of those who would run into these dangers but for timely warning, this book has been especially written."

At page 290 he says: "It would seem really as if a prepuce were a dangerous appendage at any time, and life-insurance companies should class the wearer of a prepuce under the head of hazardous risks; for a circumcised laborer in a powder-mill, or a circumcised brakeman or locomotive engineer, runs actually less risk than an uncircumcised tailor or watchmaker. They recognize the danger that lurks in a stricture, but what a prepuce can and does do they entirely ignore."

These quotations will serve to give an idea of what a high value is put upon circumcision by the author, and how he should have expanded his ideas to the dimensions of a book of 350 pages. The history of circumcision given is exhaustive, and is very interesting, especially in view of the obscurity of the subject. This interest is heightened, and the book rendered piquant by the clever style of the author, his clearness, accuracy, sly humor, and covert wit. The different methods for the performance of the operation are very elaborate, but they could have been made clearer by the addition of diagrams. Altogether it is an admirable treatise.

W. M. J.

THE SOUTH. A journal of Southern and Southwestern Progress. Published monthly by "The South" Publishing Company, No. 22 College Place, New York. Subscription price, \$1.50 per year, in advance.

This journal, as its name indicates, gives most interesting and valuable accounts of the industrial development of the South. Many instructive facts are found under the headings of its various departments, such as Southern Industrial Notes, Railroads, Electricity, Construction, and Machinery. An article in the January number, entitled "What Free Trade would do for the South," gives an idea of the political stand taken by this journal.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 5.

EDITORIAL.

THE SECOND PARAGRAPH OF *The Organon*.—The editorial in the March number of this journal, it will be remembered, was a short commentary upon the first paragraph of *The Organon*.

We have now to make a few remarks upon the second paragraph, which reads thus :

"The perfection of a cure consists in restoring health in a prompt, mild, and permanent manner ; in removing and annihilating disease by the shortest, safest, and most certain means, upon principles that are at once plain and intelligible."

How shall we proceed "in restoring health in a prompt, mild, and permanent manner"?

It cannot be done by giving anodynes for pain, because the effect of the anodyne is simply to remove consciousness and the power of expression of pain until the paroxysm shall have passed. Furthermore, the patient is put into a state of depression of his vitality that remains for hours and days afterward, and what is more does not exempt him from a renewal of the attacks of pain.

It cannot be done by giving massive doses of Quinine for an attack of ague, because a dose of Quinine under such circumstances while it undoubtedly will cause the chill to disappear in most instances, nevertheless only suppresses its manifestation.

Meanwhile the energy that caused the chill is bottled up, to break out again at some future period, when the doses must be larger to accomplish the suppression. The time comes at last when no amount of Quinine will "break" the chill, and so the patient is not restored to health in either a prompt, a mild, or a permanent manner.

A close consideration of the subject will convince the inquirer that these methods must be abandoned if he would succeed in restoring health according to the terms demanded by the text.

It will be found on further consideration that it is not possible to know anything about a given drug or what its relationship to the animal economy may be, until it is first tested or "proved" upon the healthy. Here then is the first step in Homœopathy. The testing of medicines upon healthy individuals unfolds to our view upon what organ or organs a given drug acts, and under what circumstances or conditions it produces its effects.

The administration of medicines according to the law of similars is not the absurdity it appears to be when we look beneath the surface. The symptoms of a disease enable us to locate that disease. If we would break its power for evil we must bring about a meeting between it and some drug.

We cannot tell what is the mode of action of the drug upon the disease energy under such circumstances, but it is certain that if we can produce a collision between them, the one will annihilate the other.

How shall we bring about this collision? The answer is by giving a drug whose symptoms, when it is tried upon the healthy, shall closely correspond with those of the disease, by which we are assured that the drug locates itself in the immediate vicinity of the disease, and under the same conditions. The symptoms then are the guides or finger-boards, by which we shall accomplish this end. This surely is not "symptom covering," as is so commonly asserted. The *real* symptom coverer, as has been before remarked in this journal, is he who disguises pain with an opiate; suppresses a chill with Quinine; combats constipation with a purgative; suppresses diarrhœa with

opiates and the chalk mixture, and uses other means on the same plan.

We prove medicines upon the healthy, therefore, because that method will alone give us a view of the effect of any particular drug upon the human organism and judge of its sphere of action in disease conditions.

We prescribe medicines according to the law of the similars, because it is only by giving a medicine whose symptoms agree with those of the patient, that we are assured that we are locating a resisting energy in the neighborhood of the morbid power which shall prevent its further progress.

To nine out of ten of the readers of this journal, the principles of Homœopathy are so familiar that the foregoing remarks will seem trite and commonplace. To all such it may be said that this article is not intended for their perusal, since most of them, it is well known, may express these thoughts in much better terms. Many of them *have* done so, as their articles which grace these pages from time to time will testify. But there is a class of younger minds growing up in the profession to whom these principles are not so familiar; who stand in need of this teaching. They are crowding forward, and swelling the subscription list of *THE HOMŒOPATHIC PHYSICIAN*, and so the same teaching of our principles and practice must be repeated over and over again if we would succeed in printing it indelibly upon their minds, and make them so familiar with it that they will come to practice it in its purity.

COMMENTARIES ON THE *ORGANON*.

The Universality of the Homœopathic Natural Law of Healing.—Organon,
 §§ 16, 25, 26, 29, 64, 111, 112, 186.

B. FINCKE, M. D., BROOKLYN, N. Y.*

The assumption of universality of the homœopathic natural law of healing for other modes of healing than that by administration of medicine was declared at our last meeting to be unwarranted, and was stigmatized as fanaticism. The discussion

* Read before the New York Homœopathic Union.

following was by no means exhaustive, though very interesting, but the general opinion of the debaters seemed to incline the other way. Since, also, the half-way men in our profession have taken up the position of the objectors, and on the ground of the insufficiency of the law, admit in their practice measures directly opposite to its teachings, it is of the greatest importance, if possible, to settle this question, and for this reason I crave your indulgence in presenting some remarks as my mite to its solution.

In going to the fountain-head of our homœopathic knowledge, the *Organon*, we find in § 25: that "*Pure experience teaches that that medicine which, in its action upon healthy human bodies has proved itself able to generate the greatest number of symptoms in similitude to those to be found in the case of disease which is to be healed, does also in duly potentiated and lessened doses, speedily, thoroughly, and lastingly cancel the totality of the symptoms of this state of disease.*" "This," § 26 continues, "*rests upon that homœopathic natural law lying at the foundation of true healing: a weaker dynamic affection in the living organism is extinguished lastingly by a stronger one if this (differing from it in kind) is very similar to that in its utterance.*" The examples for this statement in the note refer to the action of all kinds of agencies, not medicinal alone, upon the living organism. They are taken from natural philosophy, from public hygiene, from the discipline of armies, from the stratagems of war, from the sympathy of fellow-men, from great political events. Hahnemann could not have given such widely differing examples of the action of external agencies upon the organism if he had not intended to show that the homœopathic natural law to which he pointed was of a general kind, covering not only the medicinal administration to the sick, but also various other efficient methods which may have a healing effect if that organism is by some cause or other diseased.

It is true that a natural law is not necessarily a universal law, because it is a law of nature, and nature is covering the universe. The law of reflection of light, *e. c.*, is a law governing only the propagation of light in the universe; it is not universal, because

it does not apply to anything but to light, and there are other things than light in the universe to which it does not apply. To be universal a law must find its application in anything that moves, acts, and exists. A universal law makes out of the universe a whole, a totality of all phenomena that the human mind can conceive similarly, as we discover in the totality of the symptoms what we can conceive of the disease distuning the life-force. If, therefore, Hahnemann had only spoken of a natural law, those who consider the homœopathic law only as a specialty of healing, insinuating that there may be other special laws of healing which might upset and supersede that law which he propounded, would have in him a defender of their opinions. But it is not so. Hahnemann detested this kind of reasoning. There was no uncertainty about this matter with him. In determining that there was a natural law lying at the foundation of healing, he clearly gave us to understand that it was not merely a natural law, but a *homœopathic* natural law. From the examples given it appears that he meant a deep original principle which, as it has its sway in the whole world, governs, also, the science and art of healing. Though he did not express and formulate it, we see from numerous sections in the *Organon* what he means. In § 111 he says: "*That medicinal substances in their morbid change of the sound human body act according to certain eternal laws of nature.*" In § 64 he distinctly maintains that to the action of the remedy the reaction of the life-force follows. In § 112 he also speaks of the action of the remedy and reaction of the life-force. Though in his view on the action and reaction the clearness of the perception is marred by confounding the indication by similitude with the action of the remedy, yet the idea of action and reaction in healing is clearly perceptible. In § 16 he maintains that the distunement (*verstimmung*) of the organism by dynamic causes can only be removed by similar dynamic remedies. Now, if the remedies act on the life-force, it is clearly action and reaction. In § 29 he explains healing by substituting a similar artificial disease-potency to the natural disease-potency on account of the homœopathicity of the first which gives it the power to equalize the opposing

disease-potency, so that the life-force is enabled to resume its normal course. Here again is action and reaction clearly discernible.

Three years after the last edition of the *Organon*, in the preface to the fourth volume of *Chronic Diseases*, he labors at an explanation, which, though not an improvement upon his view previously expressed in the *Organon*, yet points again to the same action of the remedy and reaction of the life-force. It is singular, indeed, that Hahnemann did not, for the homœopathic natural law of which he speaks in § 26, fall back upon that great law of equality and contrariety of action and reaction which covers all motion. Since there is no absolute rest (no Nirvana) but only relative rest—for as far as can be perceived the whole universe is constantly in motion, as a whole as in its parts down to the infinitesimals, this law is most assuredly a universal law. It is essentially the law of healing without which a scientific conception is impossible. This law accounts as well for the simplest mechanical motion as for the most intricate organic processes of sickening and healing, which are the most elaborate motions known. Just as the force in action calls out the reaction in the body opposed to it, and equalizes its resistance in virtue of its similar dynamic quality, so the healing force in virtue of its similitude of dynamism overcomes the similar sickening force in the living organism according to this universal law. From all this it appears, that the adoption of this universal law of motion, that action and reaction are equal and contrary, for that homœopathic natural law of which Hahnemann speaks, is very desirable.

We return to the question whether all other modes of treatment, if they heal, are also under the same domain of the homœopathic natural law as that of true Hahnemannian practice. In § 186 Hahnemann speaks of local diseases caused by external injuries, which, however, draw the whole organism into sympathy. With the treatment of such affections surgery is occupied. In laying down the range of this branch of therapeutics one necessary condition is enforced, which must be satisfied if the surgical interference should be a

healing measure. The surgical measures must be adapted to the requirements of the case, or they must fail and amount to mere butchery. This adaptation of measures, then, proceeds just as well according to the law of healing spoken of above as the healing by appropriate medicine. Nay, inasmuch as "*the whole living organism requires active dynamic aid in order to accomplish the work of healing * * * then the business of the dynamic physician and his homœopathic aid finds its place*" (§ 186).

This shows that surgical aid is the mechanical part of the treatment, which does by no means dispense with the dynamical part, because it is the life-force in the last instance which does the healing, not the splint, or the suture, or the ligature, or the mutilation of the parts. Therefore the surgical treatment is no less under that law of the equality and contrariety of action and reaction—by which "*the external impediments to healing to be expected by the life-force alone can be annihilated mechanically*" § 186—than the internal homœopathic treatment.

Now, the modes of treatment alluded to above, as massage, water treatment, passive gymnastics, inhalation of compound oxygen, wool habiliment, pneumatic method, etc., etc., might be ranged under the head of surgical treatment, with the difference that here no external injuries are to be remedied by manual and instrumental interference, but simple manipulations and methods are applied with a view to help the life-force to resume its normal state by acting upon the various organs locally, and through them upon the various systems subordinate to the life-force. How far these numerous modes of treatment may succeed in healing is difficult to say, because it is well known that people are apt to praise a treatment they have undergone, and to boast of serious operations, even if they had not the desired effects, perhaps because it is painful to acknowledge that they went to so much expense in vain. The truth is that these local treatments cannot supplant and supersede the strict Hahnemannian treatment. They may do good when they are calculated to give the patient time and opportunity to recover from maltreatment with narcotics and wrong medicines in large doses,

or afford rest and protection from disturbing circumstances. There are, no doubt, men especially endowed with a talent which others do not possess, in following up a simple local treatment of their own, and they may cure their patients by simple hygienic means and diet. All this may tend to consider such modes of treatment as modes of healing. But we have here not to pass judgment upon their merits in a therapeutical way, but to consider whether, if successful, they must be subsumed under the general homœopathic law. Like surgery they must proceed to take the appropriate measures suited for each case, and that is sufficient to claim that their success is owing to the same law which Hahnemann pronounced to be the only law of healing, viz.: *similia similibus curantur*. In the case of massage cited at the last meeting, the life-force was restored after one hour's manipulation. But a counter-statement was made that a dose of *Arnica*^{cm} had the same effect in a similar case. This is certainly the "*cito, tuto et jucunde*" of Hahnemann, claimed by him for homœopathic healing, and the law is exemplified in the most striking manner.

The objection may be raised that if we acknowledge in the third law of motion that homœopathic natural law of which Hahnemann speaks in § 26, it is too general to be applicable to all modes of treatment, and therefore proves too much. If everything in the world and every action is subject to that law, it will, of course, also cover any mode of treatment, and there will be nothing characteristic in it to discriminate between treatment and healing. It is true also that malpractice proceeds according to this law, and since it is claimed for the general homœopathic law of nature presiding over the law of healing, there seems to be a contradiction in it which condemns it as unjustifiable. But surely the fact that malpractice as well as good practice are under the same law, it does not follow that it is exempted from its operation in good practice. Malpractice is not healing, good practice is healing. Malpractice proceeds under the law, but with the opposite effect to that of good practice. The means employed in malpractice are not adequate to the purpose, and therefore they fail. The means of good prac-

tice are adequate, and therefore they heal. This is the case in modes of treatment which are applied to the different organs of the body under the head of local treatment. As far as the medicinal treatment is concerned, where the medicines are administered so as to be taken up by the general system, the homœopathic mode of treatment is decidedly the best and safest; and there can be no doubt that it is the good practice founded upon the third law of motion which here is claimed for the law of healing as a mode of motion, not for the reverse.

This is considering the question according to primary scientific principles.

Now we might refer to a principle which for its simple common sense appeals to every sensible mind, physician or not, and it is this, popularly expressed: *An object will only be attained if the proper means are applied.*

This principle holds good in anything that man can undertake for any purpose whatever. It is applicable to the requirements of healing, whatever means may be used to secure that end.

It includes all the internal and external means by medicinal, mechanical, physical, or chemical methods. It implies in all of them the necessity of selecting and administering only those means which actually lead to healing. For there are many methods which will not effect cures, and come only under the head of treatment. Many are justified if in hopeless cases they alleviate suffering without jeopardizing life by injurious after-actions. But the healing art consists in individualizing every case and adopts the treatment that promises the required help. Then it happens that cures are wrought without administration of homœopathic potencies, as mentioned above in the case of massage. But the fact that a dose of *Arnica*^{cm} had the same curative effect as the mechanical and mesmeric method shows that we must not concede too much. Most of the methods outside of Homœopathy are to be considered as local applications not only to the skin but also to the various organs of the body: the muscles, the joints, the bones, the rectum and intestines, the eyes, the ears, the nose, the head, the extremities, the genital

organs, the respiratory tract, and almost every organ of the body has been ministered to to remove diseased states, or to act from one organ upon the other and upon the whole system.

Now, Hahnemann, knowing all this, struck a new path altogether by directing his healing efforts to the highest authority of the organism, the life-force, as the governor and regulator of all its various organs subservient only to the intellectual organs of the mind. If the proper means consisting in the potentiated remedy are selected according to symptoms, similitude is applied, the life-force takes care of the necessary localization, and the diseased state in the organs is removed, because the proper means have been applied in order to convert the state of disease into one of health. From this it is clear what under homœopathic treatment the proper means of healing are.

If now, we say, the homœopathic law applies just as well to all kinds of treatment, if they actually make the sick well, as homœopathic treatment does, there can be no fanaticism in it. For that is the homœopathic law, that means, whatever they may be, are used to accomplish the end of healing. So you are not expected to heal a broken leg by a dose of *Symphytum* high, for only by the adaptation of the ends by means of a splint the uniting of the bones can be obtained, and this is done according to homœopathic law. But no splint will help if the bones in spite of all adaptation will not unite. Then the *Symphytum* comes in and the life-force is enabled to heal by the same law of adequate means, according to that same universal law of healing, the homœopathic law. Likewise the convalescence of the sick by the mere efforts of nature, called *vis medicatrix naturee*, occurs according to that same universal homœopathic law by proper rest, nourishment, and observance of hygienic rules.

It has been said that the *similia similibus* is paramount in therapeutics. If we understand by this term the administration of medicines, this is true. If we understand by it the general treatment of the sick, which includes not only the administration of medicine, but also the management in regard to regimen, local application, and surgery, it is also true. Thera-

peutics means originally the general attendance to the sick, without special reference to medicine, probably because the first attendance in the olden time of Greece meant surgical treatment. It would, therefore, seem desirable to keep this general meaning of the term, and use another for the administration of remedies—as Pereira has it, *Acology*. We are, after all this, from the standpoint of Hahnemann, justified in calling the *similia* maxim the homœopathic law in Therapeutics and Acology. But inasmuch as all methods of restoring the disturbed integrity of the organism depends upon a homœopathic natural law, it is the universal law of healing. This, however, relates to all methods of treatment, under the indispensable condition only that they heal the sick, not only in theory, but in practice. If the practice would not bear out the theory, it would be less than the embodiment of that abominable principle: the end justifies the means.

When we analyze the law of adaptation of the means to their purpose, to which we referred as the universal principle of healing, we shall find its scientific expression also in the third law of motion. Adaptation of the means to the end is nothing else, if it comes to action, than that the means are the action which is able to produce a reaction in the body, such as to produce the desired result. The action is, no doubt, in so far similar to the reaction, as both are forces acting in contrary directions. The acting and reacting forces cannot be identical, because, even if they were of the same kind, they are as different as they can be, because opposed to each other; they are similar and contrary simultaneously. The law expressed in the formula, *similia similibus curantur*, finds its application in every system of motion by changing the copula for “*æquantur*,” and the third law of motion is, therefore, the homœopathic natural law, of which Hahnemann speaks, in § 26.

If such reasoning is fanaticism, then there is, at least, method in the madness which recommends it, and it is nothing less than the Jesuitical principle above mentioned turned into its contrary: *the means justify the end*.

It may amuse you to turn to Walter Scott for the confirmation

of the universality of the homœopathic principle, when in *Rob Roy*, chapter II, he applies it as the fundamental principle of all moral counting, the great ethic rule expressed in this way: "Let A do to B as he would have B do to him; the product will give the rule of conduct required."

A stands for the action, B for the reaction, both in contrary direction, and the result is the equalization of both on the ground of humanity.

BROOKLYN, January 21st, 1892.

THE TREATMENT OF THE UTERINE DISPLACEMENTS.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

The causes leading to displacements of the female sexual organs are briefly cited by Dr. Southwick in his recent work on Gynæcology, as follows:

1. Lack of sufficient support to the uterus.
 - a. Laceration of the perineum.
 - b. Relaxation of the vagina.
 - c. Weakness of the uterine ligaments.
2. Morbid conditions of the uterus.
 - a. Tumors.
 - b. Chronic congestion.
 - c. Hyperplasia.
 - d. Lack of tone or relaxed condition of the uterine tissue.
3. Force acting on the uterus from above.
 - a. Tight or heavy clothing supported from the abdomen.
 - b. Tumors or a distended bladder crowding the uterus out of place.
 - c. Bad positions while sitting in easy chairs.
 - d. Straining at stool.
 - e. Falls or jumping.
 - f. Undue exercise.

4. Traction on the uterus.

- a. Dragging of a prolapsed vagina.
- b. Abnormally short vagina.
- c. Cicatrices or contracting masses of lymph.

Aside from cases of congenital malformation and those influenced by improper clothing or the displacement from crowding by pathological growths, we would still more briefly state that the causes leading to displacements of the female genital organs seem to lie, practically, wholly in a loss of the proper muscular tonicity and strength, either of the organs themselves or of the surrounding and sustaining structures, or both, resulting from countless conditions of ill health, as many and different as we have individuals to deal with. These conditions are made manifest to the physician in the same manner as is sickness in any other part of the human system, viz., by a train of symptoms more or less severe according to the circumstances of the case, and in that train of symptoms, we, as homœopaths, should find the true pathology of the condition, and be led to undertake a cure in the same manner as though we were dealing with an affection of the muscles of the arm or back or other part of the body. Just why the appearance of a patient exhibiting a peculiar group of symptoms supposed to indicate a displacement should cause us to forsake our universal means of cure in a vain search for some shape of pessary or combination of cerate with which to pursue treatment is one of the mysticisms of medicine. It savors too much of Kochism or Brown-Sequardism to be a pleasant theme for contemplation by Homœopathy. Indeed! do we not resemble, in this, that eminent one who throughout his long life sought up and down the world for the "Great Stone Face" of Nature, only to find at the end that the face was more nearly depicted in his own thought than elsewhere.

In an able paper by Dr. J. T. Kent, of Philadelphia, read before the I. H. A. last year, occur the following instructions in regard to the treatment of these cases: "Whenever a patient presents herself to the Hahnemannian physician for relief from

the complexity of symptoms belonging to displacements, not only the symptoms of the displacement, but all the symptoms of the case, from childhood to the present time, must be as accurately written down as it is possible to obtain them, after the method directed by the *Organon*." "An examination, such as is generally given, is of the smallest importance and reveals none of the peculiar characteristics upon which the physician must rely for this symptom image." "The mechanical support (if one has been worn), must be removed at once, else the symptoms of most value do not appear, the patient then should be placed upon Sac-lac. for at least a week before a full symptom image will be found."

Thus we see that here, as elsewhere, we are to place our reliance on the group of symptoms elicited as a guide to the treatment of these cases, on the individualization of the case and consequent search through the materia medica for the most appropriate remedy, leaving to those who have not better means the use of that hobgoblin of practice—the pessary. And by so doing we shall not only gain more success in treatment but also the wholesome gratitude of our patients, the delicate women, who find themselves obliged to submit to the grossly disagreeable measures involved, in the use of such mechanical methods of treatment. Indeed, they should learn that Homœopathy has something better to offer them, that they need not undergo a treatment, the very knowledge of which deters many a woman from seeking our aid, and thereby condemns her to life-long torture. And were it universally so understood, how long would it be before our offices would claim a majority of this class of cases?

Are we not pursuing a short-sighted policy in more ways than one by wandering from our long-tried and legitimate means of treatment?

In glancing through our materia medica one is surprised to learn that we have there some sixty remedies at least, the pathogeneses of which contain symptoms related in a greater or less degree to the conditions of which we have been speaking. In the hope that a compact arrangement of these symptoms may be

of use to some in the hurry of daily practice, I have tabulated this list alphabetically, knowing, of course, that it can serve simply as a possible index which may aid in fixing on the remedy containing the totality of symptoms in a given case. As the entire list would prove but tedious reading at this time, it may be well to point out only the prominent characteristics of some of the more important remedies. This secondary list, which, by the way, is of primary importance, might include Aurum, Belladonna, Helonias, Lilium-tig., Murex, Nux-vom., Podophyllum, Pulsatilla, Sepia, Ustilago, and these remedies will, perhaps, cover the majority of cases which come to our notice.

In Aurum we find the uterus prolapsed and indurated, bruised pain, with shooting and drawing; heaviness in abdomen; after lifting a heavy load (Pod., Arn., Rhus-tox, Nux-v.), worse at time of menses. Amenorrhœa with prolapsus uteri and melancholy.

Belladonna, a violent pressing and urging toward the genitals as if everything would fall out there; in Sepia the bearing-down pains begin in the back and the patient is impelled to cross the limbs to prevent protusion of the parts (in Nat-mur. she must sit down to prevent protrusion of the parts). Perhaps Belladonna and Sepia will be indicated at different stages of the same case, if so, the former will usually be found more appropriate in the earlier or acute stage, the latter after more advancement or when the Bell. seems to cease its beneficial action. The Belladonna patient also is distinguished by many other symptoms peculiar to herself alone; she is worse while sitting bent and in walking; better on standing and sitting erect (Rheum. is worse while standing). Then, too, Belladonna has clutching and clawing pains or stitches in the uterine region; the pains of Sepia are stitching, shooting, or lancinating, mostly in the neck of the uterus, and they go up to the umbilicus or pit of stomach. The Belladonna patient cannot bear the least jar (Lil-t.); great heat and dryness of the vagina. Pressure downward, as if all the contents of the abdomen would issue through the vulva; worse mornings. The first part of the above symptom is often met with in these cases and may also be found under several

other remedies, as *Actea*, *Agaricus*, *Antimonium-crudum*, *Apis-mel.*, *Asafoetida*, *Cantharis*, *Conium*, *Ferrum*, *Graphites*, *Kreosote*, *Lilium-tigrinum*, *Murex*, *Natrum-carb.*, *Natrum-muriaticum*, *Nitric acid*, *Nux-vomica*, *Rheum*, *Rhus-tox.*, *Sepia*, *Silicea*, *Stannum*, *Sulphur*, *Ustilago*.

Yet in only two other of these (*Nat-mur.*, *Nux-vom.*) do we find the condition aggravated in the morning, and even here is the beauty of our system of individualization apparent when we notice that the *Natrum-muriaticum* patient must sit down to prevent prolapsus, while the *Belladonna* patient is worse when sitting, unless bolt upright, and is better when standing. The morning aggravation in *Nux-vomica* is more of a general condition.

Under *Asafoetida* we find this bearing-down sensation with the additional peculiarity of aggravation when riding in a carriage. These conditions of aggravation and amelioration, as is well known, are of the highest importance, and often form the pivot on which will turn our choice in the selection of the proper remedy. The sensation that the contents of the abdomen are coming through the vulva is peculiar, though not in general uncommon, and, indeed, the cervix often does protrude or nearly so in very relaxed conditions.

The remedies beside *Belladonna* having this symptom in some form are *Antimonium-crudum*, *Lilium-tigrinum*, *Natrum-carb.*, *Natrum-mur.*, *Nitric acid*, *Podophyllum*, *Sepia*, and *Ustilago*.

In *Lilium-tig.* the sensation is relieved by the pressure of the hand against the vulva; in *Natrum-mur.* by sitting down; in *Podophyllum* it occurs during stool, and in *Sepia* is accompanied with oppressed breathing.

Helonias may be brought to our minds by the mental condition of the patient, which is often prominent; she is overcome by a profound melancholy and deep, undefined depression; this you will notice might also suggest *Aurum* were it not for the fact that the *Helonias* patient is better when her mind is engaged, while the *Aurum* patient is fatigued by mental occupation, and may also exhibit the further characteristic of suicidal desire.

With Helonias there is also a distinct sensation of soreness and weight in the womb, expressed as a consciousness that she has a womb. Dragging weakness in the sacral region with prolapsus; also at climax with maked debility and profound mental gloom. Prolapsus uteri and ulceration of the cervix, discharges constant, dark, badly smelling (Arg-nit., Plat.); flooding on lifting a weight, and on least exertion; face sallow, having an expression of suffering; great vaginal irritation; pain in small of back; prolapsus uteri with leucorrhœa; the os protrudes externally; uterus low down, fundus tilted forward; the finger passes with difficulty between the os and the rectum; great uterine hemorrhage; pain in back through to uterus.

The above picture will be recognized as applying to a class of cases which may well try the patience of physician and sufferer. The woman who after years of treatment by medicines, local applications, the various styles of pessaries, and finally surgery has at last become reduced to a state of chronic invalidism, and leads a miserable existence without hope of comfort in this world. Who wonders that she is skeptical of the power of Homœopathy to bring light to her dark horizon. She is literally worn out, either by hard work or by enervating luxury and physicians. The most characteristic symptom is that her condition is ameliorated when her mind is occupied, hence during the physician's visit. Dr. Samuel A. Jones says of Helonias, that the "headache disappears when the attention is engaged. The pains vanish when one is busied. The sense of profound debility is lost when exercising." It acts by opposites.

In *Lilium-tigrinum* we have bearing-down pains in the uterus, with pains in the left ovary and left mamma. Severe neuralgic pains in uterus so that she cannot bear touch, not even the weight of the bed-clothes, or slightest jar; anteversion; this much resembles *Belladonna*, except that these symptoms of *Lilium* are apt to be worse in the afternoon, those of *Belladonna* in the morning. Aching over the pubes, with pain in knees. Bearing down in uterine region as if everything would be pressed

out ; relieved by pressure of hand against vulva. Bloating feeling in the region of uterus ; pelvic organs feel swollen ; the aching seems to be around, and not in the uterus ; intermittent sharp pains across the lower bowels. Intermittent labor-like pains (Acon., Asafet., Kali-carb., Nux-mos.), in lower part of back, with a thin, acrid, excoriating leucorrhœa, leaving a brown stain ; worse afternoons till twelve P. M. Pressure in anterior wall of rectum, with bearing down, low spirited, weeping, apprehensive, irritable, opposite and contradictory mental states (Helonias). Urgent desire for stool ; anorexia ; faint in a close room, and when standing ; frequent, scant, and burning urine, pain in sacrum, bloated feeling in abdomen, limbs cold and clammy.

Murex.—Dragging down, desire for external pressure over the parts, with awful sense of hunger in the stomach, even after eating ; emptiness, goneness, and sinking in the stomach, lingering constipation, with a sexual instinct that drives her frantic.

Nux-vomica.—Pressure toward the genitals in the morning ; prolapsus uteri, from overlifting or straining, bearing down toward the sacrum, with ineffectual urging to stool ; burning, heaviness, sticking in the uterus.

Podophyllum.—Prolapsus uteri after overlifting or straining, after parturition, with pain in sacrum, rumbling in ascending colon ; prolapsus ani or constipation. Sensation as if genitals would come out during stool. (Calcarea-phos. has an aggravation during the passage of the stool and urine.) Suppressed menses in young females, with bearing down in hypogastric and sacral regions, with pain from motion, better lying down (Nat-mur., better lying on back).

Pulsatilla.—Prolapsus uteri, with pressure in the abdomen and small of back, as from a stone ; limbs tend to go to sleep, ineffectual urging to stool (Nux-v.)

Sepia.—Pain in the uterus, bearing down, comes from back to abdomen, causing oppression of breathing ; she crosses her limbs to prevent protrusion of the parts ; stitching, shooting, lancinating pains, mostly in the neck of uterus, go up to um-

bilicus and pit of stomach. Prolapsus of the uterus, of the vagina, with constipation; induration of the neck of the uterus.

Ustilago.—Constant aching, referred to the mouth of the womb; displaced uterus, with menorrhagia; cervix tumefied, bleeds when touched; for days oozing of dark blood, with small coagula; uterus enlarged, cervix tumefied or dilated. Bearing down, as though everything would come through.

Aconite.—Prolapsus uteri, occurring suddenly, with inflammation, bitter vomit, cold sweat, or dry, hot skin. Labor-like pressing in the womb; has to bend double, but relieved in no position.

Actea-rac.—Bearing down in uterine region and small of back, limbs feel heavy, torpid. Leucorrhœa, with sensation of weight in the uterus. Severe pain in lower part of abdomen, worse by motion.

Agaricus.—Prolapsus uteri after cessation of menses. Bearing-down pain almost intolerable, menses too profuse, with tearing, pressive pains in back and abdomen.

Aloe-soc.—Fullness, heaviness in uterine region, with labor-like pains in loins and groins.

Ammono-mur.—Menses too early, with pain in abdomen and small of back, continuing at night; flow more profuse at night; prolapsus uteri.

Ant-crud.—Pressure in the womb as if something would come out.

Apis-mel.—Feeling of weight, heaviness in the ovarian region, great tenderness over the uterine region, with bearing-down pain, leucorrhœa, and painful urination. Heat and fullness of uterine region. Burning or stinging pain in the region of uterus or ovaries.

Arg-met.—Prolapsus uteri; pain in left ovary; pain in small of back, extending to the front and downwards.

Arg-nit.—Prolapsus with ulceration of os or cervix uteri. Leucorrhœa copious, yellow, corroding.

Arnica.—Prolapsus caused by concussion.

Asafœtida.—Labor-like pains in uterine region, with cutting

and bearing down. Bearing down in genitals ; worse when riding in a carriage.

Aurum.—Uterus prolapsed and indurated, bruised pain, with shooting and drawing, heaviness in abdomen ; after lifting a heavy load ; worse at time of menses. Amenorrhœa with prolapsus uteri and melancholy.

Belladonna.—Violent pressing and urging toward the genitals as if everything would fall out there ; worse sitting bent, and in walking, better standing and sitting erect. Clutching, clawing pains or transient stitches in the uterine region, parts sensitive, cannot bear least jar. Pressure downwards as if all the contents of the abdomen would issue through the vulva ; worse mornings ; great heat and dryness of vagina.

Benz-acid.—Prolapsus uteri with fetid urine.

Bovista.—Painful bearing down in vulva and weight in small of back, after midnight.

Cactus.—Painful constriction around the pelvis, extending gradually toward the stomach, causing a sensation as of a great blow in the region of the kidneys, making her cry out. Pulsating pain in ovarian regions ; pains extend down thighs, return periodically at the same time each day.

Calcarea-carb.—Inflammation and swelling of the genitals. Uterus easily displaced by overexertion.

Calcarea-phos.—Throbbing, stinging, tickling, sore aching or pressing in the genitals, drawing upward in the symphysis, downward in the thighs. Weakness and distress in the region of the uterus, worse during passage of stool and urine.

Cantharis.—Ovarian region ; stitches, arresting the breathing ; violent pinching pains, with bearing down toward the genitals ; great burning pain.

Carbo-an.—Tearing transversely across the pubes and then through pudenda, as far as the anus. Induration of neck of uterus ; burning.

Menorrhagia from chronic induration of uterus ; also in delicate women, with glandular affections.

Caulophyl.—Sensation as if the uterus was congested, with fullness and tension in the hypogastric region. Menstrual colic ; uterus retroverted.

Cinchona-off.—Congestion to the uterus, fullness, pressing and heaviness, worse when walking.

Conium.—Stinging in the neck of uterus. Induration and prolapsus at the same time. Burning, sore aching sensation in the region of the uterus. Pressure from above downwards and drawing in legs during menses.

Ferrum.—Sharp pains in abdomen, bearing down in uterus, with aching below it. Stitching, shooting pains in uterus. Pains near mouth of uterus when lying down.

Gels.—Uterus as if squeezed by a hand, anteflexion.

Graphites.—Tumor, size of an orange, right iliac fossa, also similar one in left; both hard, round, slightly movable; not painful to pressure, nor producing inconvenience from weight. Os uteri standing backwards, can only be reached with difficulty. Pain in the uterus when reaching high with the arms. Bearing-down pain in the uterus, to back, with weakness and sickness. Painful pressure toward the pudenda. During the menses, heat in the abdomen, urging, pressing, like labor pains; hoarseness, lassitude, and weakness.

Helonias-dioica.—Profound melancholy, deep, undefined depression, with a sensation of soreness and weight in the womb; "a consciousness of a womb." Dragging weakness in sacral region, with prolapsus; also at climax, with marked debility; profound mental gloom. Prolapsus uteri and ulceration of the cervix; discharge constant, dark, badly smelling; flooding on lifting a weight and on least exertion; face sallow, having an expression of suffering; great vaginal irritation; pain in small of back. Prolapsus uteri, leucorrhœa; the os protrudes externally. Uterus low down, fundus tilted forwards; the finger passes with difficulty between the os and the rectum. Great uterine hemorrhage; pain in back through to uterus.

Hyos.—Uterine cramps, with pulling in loins and small of back; irritable uterus.

Iodum.—Induration and swelling of the uterus and ovaries. Dropsical affections of the ovaries, with pressing down toward the genitals. Dull, pressing, wedge-like pains, from right ovary toward the uterus.

Ipecac.—Prolapsus and hemorrhage at the menstrual period.

Kali-bich.—Prolapsus uteri, seemingly from hot weather. Leucorrhœa yellow, ropy; pain and weakness across the small of the back, and dull, heavy pains in the hypogastrium.

Kali-carb.—Stitching pains in and about the uterus, labor-like colic, leucorrhœa; pain like a weight in small of back.

Kreos.—Bearing down and weight in pelvis, painful urging toward the genitals; fundus of uterus swollen and sensitive to pressure.

Lachesis.—The uterine region feels swollen, will bear no contact, not even of the clothing; bearing-down pains. Pains like a knife thrust into abdomen.

Lil-tig.—Bearing down in uterus, pains in left ovary and left mamma. Severe neuralgic pains in uterus, could not bear touch, not even weight of bed-clothes or slightest jar; anteversion. Aching over the pubes, with pains in knees. Bearing down in uterine region, as if everything would be pressed out; relieved by pressure of hand against vulva. Bloated feeling in region of uterus; pelvic organs feel swollen; aching apparently around, not in, the uterus. Intermittent sharp pain across lower bowels. Burning from groin to groin, with morning stool. Intermittent labor-like pains in lower part of back, with a thin, acrid, excoriating leucorrhœa, leaving a brown stain; worse afternoon till twelve P. M. Pressure in anterior wall of rectum, with bearing down; low spirited, weeping, apprehensive, irritable; opposite and contradictory mental states; urgent desire for stool; anorexia; faint in close room and when standing; frequent, scant, burning urine; pain in sacrum; bloated feeling in abdomen, limbs cold, clammy.

Mag-mur.—Bearing down in the ovarian region.

Merc.—Deep, sore pain in the pelvis; dragging in the loins; abdomen weak, as if it had to be held up; prolapsus uteri and vagina; feels better after coitus.

Murex.—Dragging down, desire for external pressure over the parts, with awful sense of hunger in the stomach even after eating, which has an emptiness, a goneness, a sinking;

lingering constipation with a sexual instinct that drives her frantic.

Nat-carb.—Pressure in hypogastrium, as if everything would come out; also with indurated and ill-shaped os.

Nat-mur.—Every morning pressing and pushing toward the genitals, must sit down to prevent prolapsus. Prolapsus uteri, with aching in lumbar region, better lying on back; also, with cutting in urethra after micturition.

Nit-ac.—Pressing down in hypogastrium and small of back, as though everything would protrude; pain down thighs, abdomen feels swollen.

Nux-mos.—Spasmodic labor-like pains, uterus displaced; mouth and throat dry, sleepy, faint; abdomen enormously distended after a meal, pressure in back outward. Sensation of a lump in left lower abdomen, anteversion. Prolapsus uteri et vaginae.

Nux-vom.—Pressure toward the genitals in the morning; prolapsus uteri; from straining or lifting; bearing down toward the sacrum, with ineffectual urging to stool. Burning, heaviness, sticking in the uterus.

Opium.—Prolapsus uteri from fright.

Petroleum.—Prolapsus uteri in patients reduced by chronic diarrhoea, occurring during the day.

Platina.—Painful sensitiveness and continual pressure in region of mons veneris and genital organs; body, except the face, feels cold. Prolapsus uteri, induration of the uterus; ulceration, with existing ovarian irritation.

Pod.—Prolapsus uteri, after overlifting or straining; after parturition, with pain in sacrum; rumbling in ascending colon; prolapsus ani or constipation. Sensation as if genitals would come out during stool.

Suppressed menses in young females, with bearing down in hypogastric and sacral regions, with pain from motion; better lying down.

Puls.—Prolapsus uteri, with pressure in abdomen and small of back, as from a stone; limbs tend to go to sleep; ineffectual urging to stool.

Rheum.—Bearing down in uterine region while standing.

Rhus-tox.—Bearing down, when standing or walking, back-ache, better lying on something hard; prolapsus from overlifting or straining.

Sepia.—Pain in uterus, bearing down, comes from back to abdomen, causes oppression of breathing, crosses limbs to prevent protusion of parts. Stitches or shooting, lancinating pains, mostly in neck of uterus, go up to umbilicus and pit of stomach. Prolapsus, of the uterus, of the vagina, with constipation. Induration of neck of uterus.

Silicea.—Prolapsus uteri from myelitis. Pressing-down feeling in vagina; parts tender to touch.

Stannum.—Bearing down in uterine region; prolapsus uteri. Displacement of vagina; worse during stool; feels so weak she must drop down suddenly, but can get up quite readily.

Sulph.—Bearing down in pelvis, toward genitals. Labor-like pain over the symphysis. Weak feeling in genitals.

Sulph-acid.—Prolapsus of vagina; parts look greenish and smell badly.

Ustilago.—Constant aching, referred to mouth of womb. Displaced uterus, with menorrhagia; cervix tumefied, bleeds when touched. For days oozing of dark blood, with small coagula; uterus enlarged, cervix tumefied or dilated. Bearing down as though everything would come through.

Verat-alb. Strangulated prolapsed vagina with cold sweat, exhausting vomiting and diarrhœa. Dysmenorrhœa with prolapsus; vomiting, diarrhœa, exhaustion.

SYCOSIS MENTI.

THREE CASES BY DR. KUNKEL, OF KIEL, GERMANY.

(Translated from *Archiv. fur Homœopathie*, by A. McNeil, M. D., San Francisco, California.)

Herr H., æt. thirty, consulted me April 22d, 1891. His mother had suffered much from nervous headache, but had been successfully treated by me with Sepia. He has suffered

for several years from sycosis menti, which disfigured his pleasant face, and tormented him with intolerable itching which was better in the warmth of the bed. On his wrist an eruption had recently appeared (I did not describe it clearly in my journal). Since then his face is somewhat less affected. These were the concomitants of Sepia: "*First sweat, then aggravation of the itching and further aggravation in a warm room, better in the open air. Dullness and heaviness of the head on awaking in the morning, better by exercise. Aggravation of complaints by eating fat food, etc.*" These are well-known symptoms of that drug. I gave him Sepia³⁰, ten powders, one to be taken each week.

May 13th he reported "The eruption is clearly lessened. The itching had disappeared in three days. The breaking out on the wrist is dried up, that on the face is worse the last couple of days." Sepia³⁰, a powder every ninth evening.

July 22d. Improvement continues; small boils break out here and there which are becoming smaller and at longer intervals. A powder every two weeks.

October 28th. He reported that he was free from all itching and also from all the boils. I sent him Sepia⁴⁰ with directions to take a powder every ninth evening if a relapse should occur.

The formation of boils is a frequent accompaniment of artificial cures—*i. e.*, of homœopathic ones—and do not arise from any one remedy. Why should I expect a relapse? The formation of the pustules of barber's itch, it is well known, depends on the presence of a fungus. In many cases the eruption may be removed by remedies externally applied, such as a weak mercurial ointment. The constitutional disease on which it is based is of course untouched. The danger of relapses in these cases is much more imminent than when cured by internal remedies. However we will certainly succeed in averting a return if our patient, satisfied with the result attained, does not neglect the treatment prescribed. Such relapses teach us that those physicians are right who in the treatment of both acute and chronic diseases lay the chief weight on the treatment of the constitutional disease. Consequently we consider as irrational or at least insufficient the earlier attempts to discover agents capable

of stopping the increase of fungi, and thereby destroying them if it could be done by innocuous means.

A teacher forty-six years old consulted me on the 22d of May, 1891. He had suffered much as a young child and also during his years at school from disease of the eyes. At that time he also suffered much from *headache when in school*. At the present *the air in the school-room is disagreeable to him and also sitting long at a time*. Sweet things aggravate, and *fat is repugnant*. For six weeks he has had sycosis menti. Periodical burning in the eruption; Sepia³⁰, eight powders, one every week.

June 30th. Substantial improvement; after the first powder the entire chin became covered with "a crust like white mold," there only remaining a trace in the mustaches. Sepia³⁰ at longer intervals. All trace of the disease soon gone.

G., a laborer of twenty-six years, consulted me in April, 1891. He says the members of his family suffer much from rheumatism. He has been tolerably healthy. For a couple of years he has suffered from barber's itch. His eyebrows are also afflicted, itching and burning, particularly during the new moon. During a severe east wind (in Germany a cold one) the skin of the face is dry (*spröde*). He always sleeps on the left side; muscles weak. Caust.³⁰, six powders, one every week.

May 15th. Decided improvement; the bad effects of the east wind less perceptible. Same prescription. [Why continue? McN.]

July 3d. On the 2d the symptoms increased. Same prescription.

August 28th. Health good, only at times he feels quite weak. Still sleeps on the left side. Caust.²⁰⁰, a dose every week.

October 9th. His strength is now always good. Last week and a short time before violent itching spread over the whole body, particularly after becoming warm in bed, but that is gone; no further complaints.

Nov. 3d. I saw him again. Crises on the skin are, it is well

known, desirable and not uncommon in the treatment of chronic diseases.

A sequela of scarlatina by Dr. Hesse, of Hamburg, Germany.

A child six years old had under my treatment scarlatina with diphtheria, which was followed by bright's disease with moderate dropsy. The renal disease had announced itself by vomiting, and after the albumen had disappeared from the urine the vomiting had continued and led to the following condition, which remained unchanged for almost fourteen days and seemed as if destined to cause the child's death. Sopor day and night only occasionally interrupted by the taking of nourishment, and more frequently by vomiting. Everything eaten comes up, and vomiting of mucus six or eight times a day, with frightful retching. Before vomiting great anxiety, restlessless, and symptoms which he could not describe further. After vomiting decided relief, no stool, urine dark, becoming cloudy and depositing a red sediment and smelling ammoniacal. Pulse remarkably slow, about fifty per minute.

The case puzzled me very much. The medicines I selected did not change the condition at all, and it was becoming every day more critical on account of the increasing weakness. On re-studying the case I took the relief after vomiting, and searched among the remedies which Bœnninghausen mentions with that symptom. Among these seven (Acon., Colch., Dig., Hyos., Nux-v., Puls., Sec-cor.) (to which I added Ipec. and Glon.) Digitalis attracted my attention on account of the slow pulse, which is so characteristic of that drug, and on consulting Hering and Jahr found it had the picture of my case: "Sopor interrupted by attacks of convulsive vomiting; vomiting day and night; persistent vomiting as if he would die; vomiting with relief of the complaints; pulse extremely slow; urine dark, becoming cloudy when standing: brick-dust sediment in the urine; ammoniacal smelling urine" (Bœnninghausen).

The child received five powders of Digitalis³⁰ to be taken

morning and evening. Immediately after the first powder a radical change took place. The next day the sopor, vomiting (which occurred only once in the third day), and loss of appetite disappeared. He wanted to eat all the time, and the food was well borne. After the fourth powder the pulse was 80. Urine more abundant, pale yellow, no odor, no sediment, no further medicine was necessary.

Without doubt *Digitalis* was the *simillimum*, and in this case no other remedy could have done its work. This is the second time that I have administered *Digitalis* in my homœopathic practice. The first time also successfully (at least for several years). I reported years ago in the *Allg. Hom. Zeitung* a case of abdominal dropsy in which the remarkably slow pulse and the whitish stools guided me to the remedy.

The above case demonstrates once more that the general symptoms as sopor and vomiting cannot be taken as the leading ones for the choice of the remedy. Benninghausen gives *Digitalis* the fourth place (lowest) in sopor, and yet I found that it had that symptom so extremely important for my case, sopor interrupted by attacks of convulsive vomiting.

A PHENOMENAL CASE OF HIGH TEMPERATURE.*

(Extract from the Minutes of the Memphis Medical Society, as reported in *Memphis Medical Monthly*, June, 1891.)

Dr. Saunders begged to hear from Dr. Jones the report of a case of wonderful temperature of which a rumor had reached him at the club.

Dr. Jones said it was his intention to report the case very fully and minutely later on in connection with Dr. Sale, who was treating it with him, as he thought it fully justified such a report. At present he would present the following brief statement of it:

The patient was a bright girl, fourteen years old. Three

*This article should have been published nine months ago, but it was not possible to find space for it.

weeks ago she had an attack of tonsillitis, from which she had suffered frequently before. The relative with whom she was staying was a lady of intelligence, and an experienced nurse. She reported to Dr. Jones temperature of 103° or 104° or 105° . As he was never at his visits able to find any fever, he thought there must be some error. One day she telephoned that the temperature was 108° . He hurried down and found it 109° . The tonsillitis was about well. He was alarmed, and sent for Dr. Sale. Directly it declined. The next day the family reported that the index had gone to the top of the thermometer. The thermometer was graduated to 112° , with room above for perhaps 2° more. He went at once and found temperature 97° . The same day it again went to the top in the space of two or three minutes. For two or three days it reached this height several times daily. Then, two weeks ago, the heat began breaking the thermometers, the mercury being expanded beyond the capacity of the bulb and tube. This occurred in the axilla and in the mouth, the break occurring sometimes at the bulb, sometimes along the tube and in plain view, so not from muscular action or contact with teeth. Eight thermometers have been thus broken. [The doctor exhibited two, the index in both cases standing at the top of the tube, 114° in one and 115° in the other.] The people are intelligent and honest, and there is no ground of suspicion or deception.

Dr. Sale, even by all this, had not been convinced, and ordered a thermometer to register 150° . While this thermometer is graduated to 150° , the index may register 9° , at least 6° higher. The first observation with this showed a normal temperature; on the second observation it registered 115° , at the third 135° . During the same night it reached 150° . Last night the mercury reached the top of the tube, but reaching there directly after, he found it $99\frac{1}{2}^{\circ}$. Dr. Nely saw the patient during the day, but his visit was during a period of defervescence.

Last night in the axilla the index reached the top, and being again placed in the axilla the expanding mercury burst the thermometer.

The rises of temperature occur several times a day, and are very rapid.

A peculiar feature was that the patient recognized with great certainty the rise and fall of the temperature. The rise was accompanied by a peculiar sensation of the face, a benumbing, and the patient would indicate the grade of the fever by the terms, numb, number, numbest. Usually, when the temperature was observed rising, the hands and feet would be found cold.

There is no possibility of deception; the people are thoroughly trustworthy, and are horrified at the high temperature, and the girl herself is greatly alarmed.

The circulation is never accelerated beyond 10 to 15 beats to the minute, being usually 80. It has not recently been above 100, nor at any time beyond 120. When the pyrexia is greatest the condition becomes alarming; hands and feet are cold, the surface covered with clammy sweat; there is severe nausea, and the patient expresses herself as feeling bad. These symptoms go with the fever, and cheerfulness and well-being return, and where there is freedom from high temperature the girl has no appearance of being very sick. She is pallid, but her strength is good.

The pupils of the girl's eyes are generally normal, but at times she can dilate or contract them at pleasure, as an owl or parrot. With the hyperpyrexia there is always nausea and a sense of oppression in the chest.

Incidentally it may be stated that the girl is an athlete, or contortionist, excelling in running, jumping, etc., can place her feet behind her head, and get into other incongruous shapes.

Dr. Jones attempts no explanation of the condition. When the temperature began, he supposed it due to malaria, and gave large doses of Quinine for three days.

The paroxysms were not regular. In the last twenty-four hours there were four rises of temperature, lasting never beyond three or four hours, usually much less time. The family keep an accurate record of temperature.

PULEX-IRRITANS (COMMON FLEA).

W. A. YINGLING, M. D., PH. D., NONCHALANTA, KANSAS.

MIND.—*Very impatient*; can hardly wait to get through with the piece of work in hand; can hardly endure to sit through church service; *restless*.

Cross and irritable; does not want to be looked at or spoken to.

Glad feeling, as though she had heard good news.

When walking she feels as though she could take ten steps at once as easily as one from sensation of lightness.

Felt a dread of going to bed; felt like it and did sleep on the lounge.

Memory confused; cannot think.

SENSORIUM.—Sensation of going rapidly, similar to being on a boat sailing rapidly, but no sensation of being on a boat.

Far-away feeling in the head.

Dizziness when sitting or standing. (Yet cannot lie down from the vesical trouble.)

Dizziness followed by frontal headache.

INNER HEAD.—Far-away feeling in the head.

Light headed; sense of being unsteady in the head.

Severe frontal headache; better in the open air. When the headache was better the eyeballs were sore, especially on moving them.

Frontal headache in the morning on rising.

Frontal headache better by sitting down quietly.

Frontal headache with which the eyes feel full and large, worse stooping over.

EYES.—*Eyes feel enlarged*.

Both eyes and under part of both lids at edges seem hot and full.

Dark spots before the eyes, closing out part of the vision; spots seem to move with the eyes.

Eyeballs sore after headache.

Eyes feel full and larger with headache.

EARS.—Soreness and suppuration of ringholes in lobes of ears.

External meatus sore and swollen.

Roaring in left ear.

FACE.—Upper lip feels thick; feels like drawing teeth over upper lip.

A careworn expression.

Wrinkled and an old look. (Noticed by every one.)

Flushed and very red cheeks.

MOUTH.—Increased flow of saliva.

Peculiar taste, indescribable, but more like steel or some kind of metal.

Perceptible taste of everything eaten at dinner.

Gums bleed easily; tender to the touch.

Severe aching in hollow tooth, extending to face, ear, and jaw; feels as if it would suppurate; swollen.

Breath very foul; can smell and taste it herself; foul like her diarrhoeic stool-smelled.

Nasty, foul taste in mouth.

Tongue slightly coated white.

A white coating like the skin of an egg gathers on the upper gums, which can be rubbed off with nearly the shape of the gums.

THROAT.—Throat feels very large while swallowing.

Sensation of a hair or thread in the throat.

Throat felt as though it would get sore, but did not.

EATING AND DRINKING.—While eating plums the acid affected the parotid glands (very unusual); the same while eating a not sour apple; glands hurt her.

No appetite.

No thirst at all; water does not taste good.

If she craves anything, which is very unusual, it is something sour or salty.

Aversion to food with nausea and purging.

Drinks little and *not* often with the fever.

No desire for coffee, rather an aversion; formerly craved it.

Desire to drink often, but a little would satisfy.

During the headache very thirsty, could not get enough.

NAUSEA AND VOMITING.—Intense nausea with vomiting, purging, and faintness.

Vomited food she had eaten for supper; slightly sour.

Deathly nausea; "I'm so sick."

ABDOMEN.—*Bloating of the abdomen.*

A constant dragging or strain on the muscles of the abdomen.

Sensation that the flatus passed down on the left side of the abdomen to rectum, but seemed then to turn and go upward to the bladder or womb. (She had a peculiar sensation in the vagina like breaking wind, but so indefinite that I did not record it.)

STOOL, ETC.—Pressure in the rectum as from a desire for stool.

An uneasy feeling in the bowels as from a desire for a loose stool.

Diarrhœa very urgent, copious, dark brown, muddy, very foul penetrating odor.

Costive stool in little balls, packed down in rectum with no desire for stool; rectum inactive; accumulation of fecal matter without desire.

Stool gushing, but in small quantity.

After having diarrhœa for awhile the stool became *very* offensive, the longer the diarrhœa the fouler the stool.

Pressure in the rectum as if it would protrude, with the diarrhœa.

Diarrhœic stool hot and biting.

Stool light yellow and foamy.

Rectum feels drawn and contracted; feels as if full even after relieving bowels by a flushing.

Restless, bowels loose as from taking cold.

URINE.—*Frequent urging* during day; must get up several times at night to pass water.

The flow begins all right, but soon suddenly stops as if closed off, followed with very severe pressure and hurting.

Pressure on the bladder and urethra.

Cannot retain urine, must attend to call at once; wet

herself profusely at night before she could reach the vessel; "can't wait a minute."

Bladder very irritable, especially *before* and during menses.

Urine very scanty with frequent urging; had to sit on urinal all day with only a few spoonfuls passing during the time; only a few drops at a time.

Urine smells like rotten eggs; dark red.

Burning in the urethra all the time; no better or worse when passing water, but at times the flow comes in a large stream; gushing, which eases the burning. After this free flow of urine the abdomen bloats.

A feeling that a bullet, or something similar, fell in the bladder to its outlet; no feeling remaining after the sense of falling.

Urine milky, with a cloudy sediment, as if mixed with vinegar.

Urine very foul, putrid odor; whitish-red color.

The bladder seems full and large when pressing on the back.

The bladder feels full all the time.

Tenesmus vesicæ.

Urine increased, both as to frequency and quantity.

FEMALE SEXUAL ORGANS.—A heavy, pulling sensation below the mammae.

Menses delayed; delayed from three to seven days later at each period; periods getting farther apart.

A full sensation in the veins a week before menses.

Fullness and pressure in the outer parts before flow.

Blood stains napkin on the edge of stain a deep, muddy green color; stains very hard to wash out.

Lips dry and blistered before and during the menses; white blisters on lower lip.

Tongue sore and red during menses.

Roof of mouth sore during menses.

Increased flow of saliva during the menses; difficult to prevent its running out of the mouth.

Costive ; stool dry, hard, and in balls for a few days before and during menses.

Electric shocks or pulsative shocks at beginning of menses.

Aching in hollow tooth during menses.

External parts are swollen, hot, and tender.

Beating and fluttering in the private parts.

A feeling that she must hold up her parts by the muscles of the abdomen and pelvis ; a constant strain on the muscles of the abdomen and parts to hold up.

Feels better sitting up and leaning a little forward, as it seems to support the parts.

Intense burning of the vagina, especially toward the external parts and meatus ; burns as if scalding steam were pouring into vagina—continuous without intermission.

Leucorrhœa profuse, yellowish, creamy, very foul, and staining a greenish yellow ; extremely hard to wash out.

Discharge of greenish matter, corroding, of a peculiar, nasty smell.

Felt that she must support privates with hands, but too tender to allow her to do so.

Itching of external privates ; better scratching.

Sensation as if a small ball of cotton were in the vagina.

For a week before menses feels mean, as if coming unwell ; limbs ache ; cheeks red and hot ; hands and feet cold.

Excerpt from one of the prover's notes : " December 6th, urinary trouble continues ; no sediment in vessel on standing. About four o'clock in the afternoon headache and a warm feeling (the glow) goes over me, then I would be chilly for a minute, then warm again. Just before going to bed I became unwell (about nine o'clock) ; did not flow much during the night ; the blood was very light, just colored and that was all.

" December 7th, still very light colored blood ; no ache or pain.

"December 8th.—Still no pain or ache; flow darker, most when lying down.

"December 9th.—Flow very dark and stain very hard to wash out. The edges of the stain are very dark-green, almost black; odor very strong; bowels loose.

"December 10th.—Just the same as the 9th.

"December 11th.—A few pains in the forenoon and quit flowing in the afternoon.

"January 22d.—Limbs ache all day; in the evening felt chilly.

"January 23d.—Came unwell in the morning; was sick at the stomach all day, and with dull aching in the lower part of the abdomen. Color very dark, almost black."

BREATHING.—Occasionally a sighing breath, broken or hitching, but continuous till it reaches the bottom of the lungs; general relief follows.

HEART AND PULSE.—Veins are full to sight, and the blood is perceptibly felt.

Palpitation on going up or down-stairs.

CHEST.—Stitches in the left breast.

A heavy pulling sensation below the *mammæ*.

NECK AND BACK.—Pain in the back through sacrum.

When she presses on the back the bladder seems full and large.

Drawing of the muscles below scapulæ; feel weak as if strained; better sitting down and at rest.

General weak feeling in the whole of the back.

Backache.

UPPER LIMBS.—Feels kernels of the axilla on movement as from a cold.

Hands cold.

LOWER LIMBS.—Feet felt warm and moist as if toasted by the fire.

Aching of the legs between knees and ankles in the bones.

Legs ache from the knees downward.

Constant dull aching, with a tired feeling in the legs.

Some sweating of the feet.

Feels kernels of the groins on movement as from a cold.

Got up with some stiffness of the legs which soon passed off.

Sensation of pushing out on a spot as large as a hand on the inner side of right thigh, without pain.

Feet and ankles very cold.

Dull aching in the thighs.

Feet cold with hot and flushed cheeks ; when feet are cold the cheeks are flushed ; when feet are warm the cheeks are not flushed.

NERVES.—Very tired feeling all day.

Looks and feels languid and tired, and is dull and cross.

Looks careworn.

Feels as if the flesh and limbs get nervous ; can't endure to be at perfect rest.

Electric shocks all through the system, at times start in the body, at others in the head ; generally come from motion.

Tired and sleepy ; feels as if she had been riding in the wind.

Clothes feel uncomfortable around the body ; must remove corset and loosen clothing.

SLEEP.—Wakefulness. Don't feel that she needs sleep.

SKIN.—A prickly itching all over, but more especially on hands and feet, between fingers and toes ; rubbing gives temporary relief.

Sore spots all over her, here and there, more on the legs ; spots feel bruised to the touch ; the spots stay for only a few moments, going and coming rather quickly ; spots about one by three inches.

Skin emits foul odor.

Very rapid growth of finger and toe-nails ; very thin, almost like isinglass ; easily blackened by a bruise.

FEVER.—Feels a heat or glow all over, like being over steam, yet no sweating, but skin is moist.

Feels chilly one day and warm the next.

Flashes of heat over the body.

Chilliness. Feels chilly while sitting beside the fire, especially on the back and around the waist; in the evening.

GENERAL.—*Better* by sitting or lying down; moderate warmth; *worse* moving about; cold air; heat.

Feels much better (in fact the only ease secured was) while sitting on the urinal during the vesical trouble and congestion of the female parts.

Sore bruised spots over body and limbs, coming and going rather quickly.

Became very much emaciated; flesh flabby and soft; great weariness.

Looks much older; grows old in looks rapidly; very wrinkled about face and neck.

On going to bed had a warm feeling like heat or a glow for a short time.

Everything worse on the left side with one prover.

RELATIONSHIP.—The delayed menses were restored, and the vesicle trouble relieved by *Nux-vom.*^{dmm} (Swan).

The excessive nausea, vomiting, and purging were relieved by *Ipecac.*^{dmm} (Swan).

The urinary trouble, urging, stoppage in the flow, etc., and the bearing down in the female organs were helped with *Lil-tig.*^{cm} (Swan). At another time with *Puls.*^{dm} (Swan).

The extreme urinary trouble, tenesmus vesicæ, burning in the vagina like steam, swelling of the labia with heat and pressure were relieved with *Sepia*^{6m} (J.).

The toothache was cured like magic with *Nux-vom.*^{dmm} (Swan).

NOTE.—I wish to say that I have not been in search of a new remedy. My wife being so much troubled by the "critters," they being poison to her, raising blotches as severe as a bee sting and as large as a silver half-dollar, I concluded to have Dr. Swan potentize the insect and try to relieve her.

Noticing such marked symptoms I thought a proving might be of value. There surely are some fine effects, and if it proves as effective as a remedy the very great suffering of my wife will not have been in vain.

I trust others will prove the remedy and verify it in practice. Both of my provers used the 1,000th potency. The higher potencies seem to act more promptly, judging from the immediate effect of a dose of the DMM in aggravating all the severer symptoms, especially the vesical and vaginal. This dose was given to see whether the higher would counteract the effect of the lower. Immediately on taking this dose there was a "letting up," relaxation of the strain on the muscles of the abdomen and parts, followed with a very severe aggravation in all symptoms.

I *italicize* those symptoms which were present with both provers, and those which were very persistent, coming frequently and severe. All the symptoms recorded were marked and decided; no transient symptoms are given.

To save space I do not fully arrange the symptoms according to the rule, but near enough to be of easy access and intelligence.

THE PORTRAIT OF DR. ADOLPH LIPPE.

875 NORTH TWENTIETH STREET, }
PHILADELPHIA, April 4th, 1892. }

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I feel as if I could not thank you sufficiently for the most admirable likeness of our departed friend and colleague, Dr. Lippe, which you have given to the subscribers of your journal, as a most fitting memorial to the honor of that great man.

As his counterpart, it is *absolutely perfect*, being truthful even to the smallest detail, and so striking, that when I turned to this page of the journal I was actually startled. Surely, you deserve the warmest praise from every true Hahnemannian, who, through your enterprise and great kindness, will come into the possession of this unapproachable work of the photographer's art.

It is the only perfect likeness I have ever seen of the Doctor, and I would not take for it the price of many years' subscription to THE HOMŒOPATHIC PHYSICIAN. In short, I would not part with it on *any terms*.

Being a close personal friend of Dr. Lippe's, many a time have I made, when in his presence, a critical mental study of his face. Its characteristic feature was the mouth, and it stamped the man. The picture before us is, in this respect, without a single flaw. The life-like expression existing in every line drawn by the artist, Nature, may well cause us to ask if "Old Sol" was not truly inspired, when, with a few touches of his pencil of light he has given back to us the face of our beloved friend and colleague, just as I remembered it in by-gone days.

Fraternally, yours, in the cause,

C. CARLETON SMITH.

IN MEMORIAM.

THOMAS F. POMEROY, M. D.

Once more THE HOMŒOPATHIC PHYSICIAN is called upon to chronicle the death of one of the older practitioners of pure Homœopathy—Dr. Thomas F. Pomeroy. He departed this life April 2d, 1892, at his residence, 758 High Street, Providence, Rhode Island.

He was born May 11th, 1816, in Cooperstown, Otsego County, New York. His father, the late Theodore Pomeroy, M. D., of Utica, and his maternal grandfather, the late Thomas Fuller, M. D., of Cooperstown, practiced medicine for many years, and won for themselves a high reputation in their profession. After several years spent in preparatory and collegiate education, Dr. Pomeroy graduated at Union College, Schenectady, in 1836. Commencing the study of medicine, he attended two full courses of lectures at the Cleveland homeopathic medical college, and graduated in the spring of 1853. In May he began practice in Utica, in company with Lucian B. Wells, M. D., an old friend, and a former student of his father. In 1859

he removed to Detroit, where he successfully filled the duties of his profession until impaired health made a change necessary. He was a firm believer in the law of cure as promulgated by Hahnemann, and his practice was in accordance therewith. He was a member of the International Hahnemannian Association, and an honorary senior member of the American Institute of Homœopathy. He was the First Vice-President of the Homœopathic Medical Society of the State of Michigan, for one year, and its President the year following, and an occasional contributor to some of the medical journals. For several years past he had been a great sufferer from chronic diseases, which he endured with patience. Shortly before his death, he became unconscious, and on the second day of April a life in which he had his full share of pain was ended.

Dr. Pomeroy was for many years the leading homœopathic physician of Detroit. His failing health compelled the total relinquishment of his practice, and so he moved about from one city to another, never staying long in any one place.

He was a warm friend of the late Dr. Adolph Lippe, and when not visiting in Philadelphia he was in constant correspondence with Dr. Lippe, who was also his medical attendant.

In the spring of 1891 he made a visit to Philadelphia, and summoned the editor of this journal as his medical adviser in a ferocious attack of renal colic. *Lycopodium* was the remedy. But the patient at first refused to take it, declaring it was not indicated. He finally consented, and the remedy gave relief in twenty minutes. Then came an attack, apparently, of *angina pectoris*, for which *Lachesis* was prescribed. This, too, he took under protest, but it also gave relief. After this experience he facetiously dubbed his doctor "L.L. D." (*Lachesis Lycopodium Doctor*).

In the summer, being now quite restored to his usual state of health, which, as before stated, was not good, he went to Providence. There repeated attacks of first one complaint and then another prostrated him completely, and thus brought his life to an end, within six weeks of being seventy-six years old.

His physician in Providence was Dr. Henry A. Whitmarsh,

of whose attentions to him in his last illness his family speak with gratitude.

Although for many years not a practitioner, he took a strong interest in everything connected with medicine, and kept up a lively correspondence with Dr. Lee and the present editor, and several other friends. He was also much interested in politics, being a Democrat, and his letters were noted for the intensity of his convictions on both medicine and politics, and the boldness of his utterances in regard to them.

He leaves a wife, son, and three daughters. W. M. J.

G. M. PEASE, M. D.

At a regular meeting of the Alameda County Homœopathic Medical Society, held February 12th, 1892, the following Preamble and Resolutions were unanimously adopted:

WHEREAS, in the Divine economy of nature, it has pleased God to remove from our number one of our honorary members, Giles M. Pease, M. D., therefore

Resolved, That in the death of Dr. Pease we have lost an efficient member, a wise counsellor, and an eminent surgeon, and the medical profession a faithful exponent of the principles of Homœopathy.

Resolved, That this Preamble and these Resolutions be spread in full upon the Minutes of this Society, and a copy, properly engrossed, be sent to his family, and a copy be also sent to the *California Homœopath* for publication.

A. S. LARKEY, M. D., *President*.

S. F. RÖDOLPH, M. D., *Secretary*.

TYPHOID FEVER CURED IN ITS FIRST STAGE.

J. C. WHITE, M. D., PORTCHESTER, N. Y.

Cases from Practice.

W. E., age fifteen, student.—Was called to see him on Dec. 28th, A. M.; found his pulse 110, temperature 102; some ner-

vous trembling. The mother said he had been somewhat delirious during the night, seeing and talking to people not present. She had a family case of remedies, and had given him Acon. during the night, and had just prescribed Hyos. As his delirium was mild and of the good-natured tone, I continued the prescription.

December 29th, A. M.—Patient had not rested or slept at all; delirium increased; temperature 102, pulse 112. On ascertaining that he had suffered exposure, had his feet wet, etc., I gave him Rhus^{cc}, a dose every three hours, and called in the evening. No rest; delirium increased, constant moaning, jactitation of muscles, temperature 104, pulse 120. Continued Rhus every half-hour for six times, then three hours apart.

December 30th, A. M.—Patient had no rest; constant delirium; “was on the school-ship St. Mary, bombarding Valparaiso; the North Pole, and other places;” sordes on teeth, tongue dry, heavily coated, bowels constipated, tympanitic; temperature 103, pulse 120; Bry.^{cc} every half-hour until symptoms better, then every three hours. In the evening delirium was better, had slept a little; temperature 103, pulse 118. Continued Bry. every three hours, intermediate doses to be given if more restless in the night.

December 31st, A. M.—Patient greeted me with the usual salutation; had slept most of the night, very little delirium, and none of the usual moaning so characteristic of the remedy; temperature 101, pulse 100. Continued Bry. The bowels moved naturally next day and convalescence established.

January 6th.—Was sitting up in bed and took meals in that position; on the 10th was around the house. The regular rise and fall of temperature during the first three days of my attendance, the slightly tympanitic abdomen and the tenderness over right iliac region, establishes the diagnosis of typhoid fever. There was no diarrhœa or ulceration of Peyer’s glands. The happy termination of the case is sufficient, it seems to me, to convince the most incredulous that typhoid may be cured in its first stage.

BOOK NOTICES.

A PRIMER OF MATERIA MEDICA FOR PRACTITIONERS OF HOMŒOPATHY. By Dr. Timothy Field Allen. Philadelphia: Bœricke & Tafel. 1892.

Here is an octavo volume of four hundred pages which is designed, as stated in the preface, "to present the characteristic features of the most important drugs used by homœopathic physicians. It may serve to refresh the mind of a physician when away from his complete symptomatology; it will help him discriminate when studying an unfamiliar pathogenesis."

On looking over the work we find present the old familiar key-notes or characteristics of the various remedies. We think it would have been advisable to have had these characteristics put in larger type than the general text to call the attention of the reader to their importance. This criticism is made because we are surprised to find that the rising generation of medical men are decidedly ignorant of these characteristics, many of the college faculties ignoring them as of no account. In this book a few of them are missing. Thus, under Sulphur, we do not find flushes of heat, nor weak, gone feeling in the stomach. Now these two symptoms have been verified so often, the recognition of them in severe cases of illness and consequent prescription of Sulphur, has been attended by such happy results that we do not see how they could have been ignored. On the other hand, we find under Aconite the warning given that this drug should be prescribed in febrile conditions only, when there is the characteristic anguish, anxiety, restlessness at night and thirst. This is admirable. Aconite is one of the most abused remedies in the materia medica. Most of the family guides to homœopathic practice are written by men who are but ill acquainted with Homœopathy, and so we find that Aconite is always advised for everything, and especially for the slightest rise in temperature regardless of any other symptom. The public have gotten this idea implanted, and consequently they are forever dosing themselves with Aconite. Yet it is not the most frequently indicated remedy. *The mental anxiety, fear of death, prediction of death, red, hot face, restlessness and thirst at night in bed* must be present to make of it the simillimum. Therefore Dr. Allen has shown considerable accuracy in his caution about Aconite.

Another commendation can be given this book for the "word of caution" in the preface: "Do not use this book nor the 'pocket-book' [Bœnninghausen's] instead of a more complete symptomatology. These works are intended simply to be suggestive; especially is this caution needed as regards the use of the 'pocket-book;' *it is not to be used for isolated symptoms, only to aid when a full picture of the patient is taken.*" * * * "This primer is designed to give the 'gist' of each drug rather than its symptomatology."

W. M. J.

THE MEDITERRANEAN SHORES OF AMERICA. Southern California, its climatic, physical, and meteorological conditions. By P. C. Remondino, M. D. (Jefferson), Member of the American Medical Association, of the American Public Health Association, of the San Diego County Medical Society, of the State Board of Health of California; Vice-President of the California State Medical Society, and of the Southern California Medical Society, etc., etc. Fully illustrated. Philadelphia and London: The F. A. Davis Co., Publishers, 1892.

This book, one octavo volume, one hundred and sixty pages, forty-four illustrations and map, treats of the wonderful climate of Southern California, its peculiar temperature and atmospheric humidity; of its climatology as fully varied as that of the north of Italy, but on the contrary these extremes being favorable to health and long life. It is intended as a short guide or handbook to the seeker after climate for health. It is almost all devoted to the effects of the California climate on those suffering from pulmonary diseases. It is full of valuable statistics relating to those diseases, being a most striking evidence of the author's deep and varied study of the subject. Of the influence of the climate he says: "Those who experience the greatest immediate benefit are those whom some serious illness has left weakly and broken down, the wrecks of over-work and malaria; the nervous and anæmic, and those afflicted with some mild disease of the respiratory organs." Of phthisis, he continues, in another part: "The climate can arrest diseased action, in certain cases prevent its development, in others it can even prolong the days of the organically demoralized, but it cannot reanimate the mummified remains of Rameses II any more than it can reconstruct new organs where they have undergone a complete structural change or suppurative destruction. There is a time when an invalid can come with what might be said every chance for a recovery in his favor; but he must come before the undertows of malassimilation, malnutrition, and general destruction have carried him off his feet or before all recuperative powers are completely exhausted." He also cautions the invalid seeking for health from the fatigue and over-work of the tourist. The illustrations are of the principal hotels; the old missions of the Spanish priests; of the vegetation of the country, of natural scenes, and of the aboriginal natives. The work, on the whole, is valuable and instructive, and well worth recommendation to those interested in the subject.

H. P.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS, based on the most recent methods of examination. By Oswald Vierordt, M. D. Authorized translation from the second improved and enlarged German

edition, with additions by Francis H. Stuart, A. M., M. D., with one hundred and seventy-eight illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1891. Price, cloth, \$4; sheep, \$5, net.

This book is incomparably the best work on Diagnosis that we have yet seen. We have spent some weeks in a careful perusal of it and are much impressed with its comprehensive character, its thoroughness, and the advanced methods it teaches for examination of the patient.

The work is divided into three parts, comprising eight chapters, and an appendix. Part First contains the introduction and some general directions. Part Second is devoted to a general examination; while Part Third gives the particular examination of the various organs. In this part are five chapters which give the methods of examination respectively of the Respiratory Apparatus, the Circulatory Apparatus, the Digestive Apparatus, the Urinary Apparatus, and of the Nervous System.

Of these the most remarkable are the examination of the heart, the examination of the kidneys, and the examination of the nervous system.

The examination of the heart is very thorough, and aided by diagrams which give graphic representations of the heart sounds under all pathological conditions, enable the student to learn the heart sounds in the absence of a reliable teacher.

The chapter upon the examination of the nervous system opens with a very clear description of the anatomy and the normal and pathological physiology of the brain illustrated by diagrams with shaded regions after the manner of a map showing the situations of the various "tracts," and origins of systems of nerves.

Too much commendation cannot be given this valuable treatise, which ought to be a text-book in every college and is destined sooner or later to be in the hands of every progressive physician.

W. M. J.

NOTES AND NOTICES.

THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI held its 33d annual commencement exercises at Pick Wick Theatre, St. Louis, on the evening of March the 17th, and graduated seven M. D's. Owing to the rigorous adhesion to the three years' course of study, there were not more, but in consideration of the fact that the older colleges of the dominant school only graduated from fifteen to twenty, the management feel satisfied with the work of the term past.

The exercises were interspersed with the vocal and instrumental selections of the best musicians of the city; the address on behalf of the faculty was delivered by Rev. J. J. O'Brien, subject, "The elements of success," and the degree of Doctor of Medicine was conferred upon Ferdinand Brase, Helene A. Goerke, Clara Louise Toby, Thos. J. Jones, Emma C. F. Wentzel, E. Wilson

Taylor, and Paul N. Zilliken, by the President of the Board of Trustees, Dr. W. A. Edmonds; Professor I. D. Foulon awarded the prizes and flowers in his usual happy style, and following the benediction the large audience and the graduates filed out to assume each his or her duty on the next day.

THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE (the new college) held its second annual commencement on Wednesday evening, March 23d, 1892.

In the absence of Judge W. W. Boynton, the President of the college, Vice-President White conferred the degree of Doctor of Medicine upon the following graduates: Herman C. Galster, Homer Bryan, John Melvin Wallace, Harry Louis Sexton, Henry Franck, B. A., Helen Babcock, Hannah Burroughs Mulford, Arthur Besemer, Andrew D. Smith, Howard Burhanse Besemer, Ph. B., M. D., Philip Henry Sigrist, B. S., John L. Winslow, M. D., Ruth Beckwith Kirch, M. E., Ben Wilgus Genung, Henry Lewis Stem, Harriet Warner Carman, A. D., J. Elmer Moore, Frank. W. Somers, George H. Cole, Monroe Manges, A. M., George H. Bradt, Albert E. McClure, H. Josephine Wright, Cornelius Crosby Albert.

A NEW MATERIA MEDICA.—Drs. Rufus L. Thurston and Samuel A. Kimball, of Boston, are about publishing a new *Materia Medica* which they hope will be an improvement on anything heretofore issued. They have found that no one book of materia medica has all the symptoms that belong to the different remedies. They, therefore, propose to collect together in one volume the symptoms of about two hundred remedies and make the volume of convenient size for use at the bedside. Every homœopathic physician should subscribe to this work and ensure its early completion. Send for explanatory circular to Dr. S. A. Kimball, 124 Commonwealth Ave., Boston, Mass.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will hold its annual meeting May 10th and 11th, at Cincinnati. The President, Dr. Charles D. Crank, is out in an urgent appeal for a full attendance of the members.

THE WORLD'S COLUMBIAN EXPOSITION.—Send fifty cents to Bond & Co., 576 Rookery, Chicago, and you will receive, post-paid, a four-hundred page advance *Guide to the Exposition*, with elegant engravings of the grounds and buildings, portraits of its leading spirits, and a map of the city of Chicago; all of the rules governing the Exposition and exhibitors, and all information which can be given out in advance of its opening. Also, other engravings and printed information will be sent you as published. It will be a very valuable book and every person should secure a copy.

DR. J. M. SELFIDGE, of Oakland, California, in March last, passed the fortieth anniversary of his graduation as a homœopathic physician. We cordially hope the worthy doctor will see many more such anniversaries. Dr. Selfidge is an ardent homœopathist.

THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE calls attention to the following facts:

1. The Post-Graduate Course, March 28th, continuing two weeks, will offer unusual advantages for clinics. 2. The college will give free surgical treat-

ment, to cases you consider deserving, during the course. 3. The Gynæcological and General Surgical Clinic on Thursday, 2 to 4 P. M., and General Orthopedic Surgical Clinic on Wednesdays, from 10 A. M. to 12 M., at College and daily operations at hospital from 12 to 2 P. M. 4. Have you not a case that you can send, or better bring with you for the two weeks Post-Graduate course? 5. The clinics this year have been unprecedented, both as regards number and value. The classes watching the conservatism of homœopathic treatment of surgical cases, as well as seeing the more daring operations, have had an especial advantage, in that each one has had opportunity to practice the *technique of dressings*, so valuable to a beginner. 6. The excavation for the new college building is under way. Architect and contractors promise occupancy September 1st, 1892. 7. If you bring or send a case, please address us at 176 Euclid Ave. H. F. BIGGAR, *Prof. of Gynæcology, Operative and Clinical Surgery.*

NEW YORK PASTEUR INSTITUTE, for the preventive treatment of hydrophobia and for the study of contagious diseases, 178 West 10th Street, has rendered its second annual report, from which are derived the following conclusions:

By the examination of the figures given, one may see that the results obtained at the New York Pasteur Institute are about the same as those reported by the kindred institutions. It is unnecessary to comment upon them, and they will be well appreciated by any unprejudiced mind.

Let us remember that last year forty-two deaths caused by hydrophobia have been formally reported of persons bitten by rabid animals, and who were not submitted to the inoculations. This makes about eighty deaths for the period included in our statistics, during which three persons died despite the treatment. And without taking an exception for the patient (Earl) who came only four days after his terrible fight with the dog, if we consider as they do abroad that this treatment has produced its full effects only fifteen days after it had been completed, we see that the percentage of those who died after the fifteen days following the inoculation has been only two out of two hundred and ninety-eight or sixty-six one-hundredths per cent.

Among the two hundred and ninety-eight persons treated, one hundred and seventy-seven have been attacked by animals undoubtedly rabid; if we consider, again, that statistics indicate twenty-five per cent. as a low percentage of deaths after bites inflicted by hydrophobic dogs; and, then counting only one hundred and seventy-seven instead of two hundred and ninety-eight persons bitten, we ought to have had not two or three cases of death, but at least forty-four. Moreover, one hundred and twenty-three persons among the one hundred and seventy-seven bitten by hydrophobic animals had their wounds inflicted on the face, the head, or the hands. We know that bites of this nature are followed by hydrophobia in a much larger proportion, say at least forty per cent. The number of deaths ought to be, then, no less than *seventy* among the persons so bitten who came from the different parts of the country to submit themselves to the Pasteur treatment.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

JUNE, 1892.

No. 6.

EDITORIAL.

SHOULD THE PATIENT BE TOLD WHAT REMEDY HE IS TAKING?—This is a question frequently asked and there is some diversity of opinion about the answer to it. Many physicians from desire to please the patient and so retain his good-will, tell what remedy is administered. The patients are with few exceptions decidedly of opinion that they should be informed what remedy they are taking. They are thus enabled to set up their judgment against that of the physician. This they seldom fail to do, thereby interfering with the course of treatment, baffling the physician, and preventing his exercising his judgment with that freedom which is so necessary to successful prescribing.

There are two principal reasons why patients should be kept in ignorance of the treatment.

The first of these reasons may be found in the results of the action of the similar remedy upon the individual.

When a remedy is truly the simillimum to any given sick condition, it not only cures the case but it so effectually changes its character that it may be said to fortify the system against it and thus render it inert if prescribed again in a short time after it has once produced its effect. In this respect it resembles the action of vaccine virus.

All homœopathists who prescribe the similar remedy must have observed this phenomenon.

Patients do not understand it, and if they have learned that a certain cure was produced by a certain remedy, they will procure a large supply of the medicine and the next time they are sick in any way even remotely resembling the previous illness, they begin at once to dose themselves with it, complicating the case without of course producing any relief, and so when at last they are compelled to summon the doctor, the latter finds much more difficulty in selecting the simillimum than he would otherwise, if the case had not been tampered with by the patient.

The second reason for not informing the patient the name of the medicine lies in the fact that, as stated at the beginning of this article, the patients set up their own judgment in opposition to that of the physician, and do not hesitate to take any remedy that suggests itself to them whilst still under treatment.

How often will women who have learned the virtues of Pulsatilla, in ailments peculiar to their sex take unauthorized doses of that medicament whilst still under the care of a physician for that very complaint! The writer has wasted many hours, earnestly seeking the simillimum in the case of a certain woman and having found it he has administered it, and then in two or three days has been astounded to find his efforts thwarted, and his labor wasted by the interference of that woman who has taken Pulsatilla because she "thought she needed it." Every physician has no doubt had this experience.

The writer had a case of a man who had a peculiar form of nervousness for which Ignatia was given with most brilliant effect. The patient inquired the name of the remedy and the doctor thoughtlessly gave it. The patient at once bought a good supply of the medicine with which he dosed himself whether he was under treatment or not, without consulting the doctor. If he wrote a note for medicine he did not fail to add a request that Ignatia be put into the prescription "for nervousness."

The family medicine-chest very materially increases this difficulty of the physician in managing his cases of illness successfully.

The late Dr. Lippe never would tell the name of a remedy he was prescribing if he could possibly avoid it. He would give strict injunctions to the writer of this article in the numerous cases which the latter attended as the assistant of Dr. Lippe, on no account to give the patient any information concerning the remedy. "You are not supposed to know anything about it, *what* remedy I am giving," he would say when speaking on this point. He was also a determined enemy of the family medicine-chest; and he was frequently heard indulging his denunciations of that potent source of interference with the treatment of a case.

The old school of medicine has been seriously embarrassed by this same difficulty of the patients' learning the character of the prescriptions, and setting up their own judgment in regard to them. Herein lies the origin of the practice of druggists "renewing" prescriptions which they have originally compounded.

This custom has been a great source of complaint of physicians against the druggists, and a few years since gave rise to a ludicrous controversy in this city between the two parties.

The doctors had been supplying themselves with pocket medicine-cases gotten up for them by certain well-known pharmacists in imitation of the homœopathists, and the druggists, fearing the effect of these on their trade, tried to induce the physicians to abandon the use of them by promising not to make up any more "renewals" of prescriptions. Their efforts, however, failed.

Some years ago the peasants of a certain part of France became so much incensed against the prescribing of Mercury by physicians that they would refuse to take any prescription which they suspected to contain it. To circumvent them the doctors were obliged to resort to the subterfuge of calling it "*Metal-lum*" when writing a prescription.

In the old school the interference of the patient in prescribing for himself without the consent of the physician means generally not only the loss of a fee, but the poisoning of the patient as well. In the new school it means the complicating

of the case, and the baffling of the physician in his efforts to find the simillimum, and so prolonging the case. The most important step in treating a case is the *first* step; the selecting the first remedy. If that be the true simillimum all the rest is plain sailing. If, however, the patient make the first prescription, the result is complications and difficulties without number, and the prolongation of the case. Therefore, it is not well to inform the patient the name of his remedy.

WELLS ON INTERMITTENT FEVER.—Our subscribers will have noticed that no more fascicles of this book have been published. The reason is that, except a page or two yet to come, it is finished. But it has no index. This is now being prepared, and then we shall consider the work complete. The *Repertory* of Bœnninghausen it is not necessary to publish over again, as the profession are already supplied with the excellent translation of Dr. Augustus Korndørfer.

POTENTIATION PHYSIOLOGICALLY PROVEN.

BY PROF. DR. G. JAEGER, STUTTGART, GERMANY.

[Translated from the Leipzig *Allgem. Homœop. Zeitung*, Vol. 124, No. 11, by B. Fincke, M. D.]

I. PREAMBLE.

As the readers know, I have accepted the invitation of the editors to take up again this subject, which I have already treated in three publications, and to report thereon to the readers of this journal.

Originally I intended to divide the work into parts, and to publish every part as soon as done. But, as a general rule, in a greater work it happens that the point from which the author starts is not always the point from which the reader takes the matter in the easiest way. This is especially the case when both parties do not stand on the same ground, and this is here the case.

As the readers of my first publication, *Neural Analyse der Homœopathischen Verdünnungen*, Leipzig, 1881 (also contained in *Entdeckung der Seele*, third edition, Vol. 2), know, a simple practical need caused me to occupy myself with the subject of potentiation. I had discovered a physiological test, *Neural Analysis*, and it was desirable to determine how far its testing power reached. In this way I came unawares upon the *homœopathic attenuations* which hitherto had never troubled me, and which I, in company with all schoolmen, had taken to be "nothings." Now, it was extraordinarily instructive for me (1) That, indeed, as Hahnemann quite correctly recognized, the attenuation is not a weakening, but an augmentation of its efficaciousness; (2) that neural analysis is a test method of almost incredible applicability.

Supposing the adherents and representatives of Homœopathy who were scoffed at and despised by the old school on account of the attenuating process would be interested in an exact method to prove scientifically the doctrine of potentiation, I have published the investigation just as I and three of my former pupils have made and found it.

The homœopathic literature, it is true, accepted the publication gratefully, and saluted me as ally in the fight against the allopathic school. In this way I was next pushed into a distinct direction, viz.: the *polemical toward the outside*. I threw the facts found by me in diverse small publications at the heads of the adversaries of Homœopathy, and some of these thrusts, indeed, came home beautifully, but I soon saw that the adherents of Homœopathy did not fancy a lively, aggressive warfare against allopathy, and so I gave the matter the cold shoulder.

The reverse, however, is this: On the part of Homœopathy, its adherents forgot altogether, in their joy at having found an aggressive, or, at least, a defensive weapon against the enemy *outwardly* to draw the consequence of my joy *intra muros*. Two things had to be considered in this respect:

(a.) The facts published by me spoke with the strongest possible logic, viz., that of number, for the administration of *high*

potencies and against the use of *low* potencies. Hence, my publication found an undivided acknowledgment only by the "high potentialists," whilst the adherents of the lower potencies acted as all the schoolmen did; instead of allowing themselves to be instructed, and of drawing the practical deductions from my paper, they tried to circumvent the matter, and they remained just as they were before.

(b.) My paper showed that there is a method of numerical computation of the height of potentiation, respectively, that the, by me invented, neural analysis offers the means of demonstrating a method by which, being *in practice* placed before a homœopathic vial, one could ascertain whether its contents had gone approximately through that potentiation which had been prescribed and inscribed upon it. Also, this consequence has *not* been drawn, and so our ways separated—*i. e.*, mine and those of the homœopaths—and with this I have arrived at the pith of what I want to say.

After I had convinced myself—especially when writing the essay, *Neural Analyse der Homœopathischen Verdünnungen*—of the practical significance of neural analysis, I advanced to the practical development of the application of the method upon my own territory, *Hygiene*, and especially in contrast to the representatives of Homœopathy who did *not* follow the suggestion on my part, and did *not* cultivate practically their own territory. I do not say this to express a reproach, but only to establish an incontestable fact.

With me there was this difference: my practical activity was in the department of *Hygiene*, and not in that of *Therapy*, and the difference between these two departments must be clearly understood if the difference of standpoint between me and the representatives of Homœopathy is to be comprehended.

Therapy, the healing art, up to the day when the Reichstag gave liberty to *internal medicine* is neither *de jure* nor, till to-day, *de facto* a free art, but a *scholastically* and *bureaucratically*, rather *ligated* art, which is teeming with dogmas, school opinions, prejudices, discretions, views, old-fashioned rules, practices, ordinances, laws, prohibitions, so that one cannot make one free

step without running the risk of treading on the corns of another—yea, even of getting into conflict with the authorities. I know this not only from observation as an outsider, but it has come from my own experience on this ground, when I stepped on it with my *Anthropin*, and the same seems to repeat itself with the *Autoisopathy** which was recommended by me. Therefore, two things are clear: (1) For the outsider the pleasure of interfering is very much diminished after burning one's fingers once. (2) For the unfortunate who stands entirely upon this hot ground, and naturally burns his fingers the easier, of course, the desire and possibility of introducing a change anywhere is about equal to zero, and the result is everything remains *in statu quo*.

Here a difference between *Homœopathy* and *Allopathy* appears which in the department of *Homœopathy* causes a much greater difficulty of changing anything in the historical condition than upon allopathic ground, and he who tries to move anything from its place in the department of *Homœopathy* must be perfectly clear on this point.

Allopathy has two "*enfants terribles*" which did not allow it any rest, but even drove it directly into a systematic longing for innovation; the *poison* and the *knife*. The fear of both, physician and patient against both, the evident mischief which they both do, allows no conservatism to come up. Thus the very latest time, on the territory of *Allopathy*, has produced a feverish hastening after the new, and the spectacle of *Kochine* has had the greatest effect in the allopathic world, where all, physician and patient, lost their heads completely over a "novelty" (which it was not, after all).

In comparison with this, *Homœopathy* lives in *profoundest peace*, physician and patient likewise; for even if the latter is not cured, if the homœopathic physician has no better success than his allopathic colleague, he and his clients are satisfied there is no poison and no knife; the torture of selecting the remedy is *per se* only a small one and only felt more by one

* *Autoisopathy* is a new word of Jaeger's own coining.

part. If now, besides, the homœopathic physician sees how his allopathic colleague in feverish unrest driven by poison and knife, plunges from one mire into another, he feels himself still more confirmed in his conservatism; he elevates this standpoint to a virtuous principle and is dripping almost all over with contentment and devotion, so that it is almost impossible to make anywhere any improvement.

Let us compare with this the *Hygiene*. This is and remains a *free art*, and it is to be hoped that also the *hygienic chairs* of the university erected two decades ago cannot change anything about it. There is no such thing as hygienic scholasticism; yea, because the medical scholastics allowed this territory to lie fallow till about twenty years ago, and since, of course, the scholastico-bureaucratically-led public till then naturally never cared for Hygiene, he who moves upon this territory is a *freeman*, and his only guide is *practical success*. Here, indeed, also are certain haunting dogmas, old-fashioned customs and abuses, manners, and the like, and thorns are not wanting, but one is not opposed by a closed, scholastically organized, compact power, as the school-medicine is on the territory of Therapy, and one moves on a ground where not examination, title, and rank, but solely the success, decides.

This, now, was the ground upon which my Neural Analysis was developed. The description in my work "*Neural Analyse der Homœopathischen Verdünnungen*" was a method which is very much suited to put a *scientific* question and to answer it, but it is unsuitable in *practice*.

First, the apparatus used at that time, the chronoscope of Hipp, was impractical because clumsy, and I replaced it by the pocket chronoscope, which already in its first trial furnished the greatest advantages in comparison with Hipp's chronoscope, and now in its second form fulfills all requirements of practice.

With this instrument I entered upon the problems of Hygiene, not only in the department of habiliment, but also in that of the articles of food and luxury, and other objects of use, and now I look upon a decennial practice—*i. e.*, an activity which comprises in itself a continual co-operation on my part as Neuro-

analytician with men of practice, experts in their own fields who do not accept an I for an U. In this decennial practice I have developed my method, have adapted it to the practical needs and nature of the subjects, have found the conditions under which favorable results are obtained; in short, I am through it all, and the practical men who worked with me have submitted to my Neural Analysis, though not without struggle, because it always hit the mark, and never left me in the lurch. The matter is finished on this ground; there is nothing more to try, but only to practice according to clear directions.

Now, the diversity of the objects is to be mentioned shortly.

In my neuro-analytical practice the test of the purity of the object is concerned, and the determination of the degree of fineness—*e. g.*, with spirituous liquids, tobacco, cigars, preserves, differences of quality in metals, papers, wrappings, etc. Objects, therefore, are in question, which differ from homœopathic medicines, especially in that, indeed, also, fineness is concerned, but relatively masses which cannot be annihilated by a breath. Since the publication on Neural Analysis, I have, with few exceptions, not done anything for a long time, especially nothing in a practical direction, because I am neither a homœopathic physician nor an apothecary.

This was the state of things when the request of the editors arrived. I have responded immediately, and worked since the middle of November, so that two series of investigations are finished and ready for print. One is already in the printing-house for some time.

The next result was, as could not be expected otherwise, a confirmation of the same experience as ten years ago: THE ATTENUATION IS REALLY A POTENTIATION, and the higher the potency the higher the animating power of matter. Furthermore, the finished investigations furnish an essential extension in five directions:

1. Formerly the proving proceeded only by inhalation. Now a potency-series of one substance is submitted to deglutition, and the nerve-time is proved during seven to fourteen minutes continually.

2. Whilst the first time only four most possibly different substances (Gold, Kitchen-salt, Aconite, and Thuja) had been proved, this time seventeen nearly related substances have been thoroughly proved.

3. Whilst the first time the lower potencies were shortly disposed of, and the higher were only examined in greater intervals, I laid the point of gravity this time especially upon the lower potencies and upon the determination of the point of *indifference*. This has the advantage that we here move upon the field of poisonous action known to the other side, and that thus the method is controlled by the experiences of toxicology.

4. The very interesting and also practically important result was gained that there are substances which do not bear potentiation, which, in a certain height, decompose, as, similarly, there are substances which do not bear too high a degree of heat.

5. It was found that we can convince ourselves also without chronoscope of the correctness of the principle of potentiation by observation of other physiological phenomena, nay, even that we can recognize, to a certain amount, the degree of potentiation.

The reader will admit that these are remarkable extensions, and comprehend that I wanted to begin my publication with the communication of these results, and thus lead the reader immediately in *mediam rem*. The manuscript was already in the printing-house, when I thought otherwise, and for this reason :

In my present provings by inhalation I have kept within the *scientific* method, as at the first time, viz., I have examined *every potency by itself separately*, because I told myself that it would be very difficult to examine *different potencies* of the *same substance* simultaneously or in immediate succession. On the other hand, I convinced myself that it is always feasible to examine and compare the *same potency* of *different substances* in immediate succession because they influence each other very little.

When, in the Society of the Homœopathic Physicians of this city I communicated briefly my results, they placed me immediately before the *practical* side of the question, asking :

“Can you, at our next meeting, if we place before you a few

vials with alcohol and different potencies of the same substance, the contents of which you do not know, recognize by your method the different potencies?"

I declared at once, that, after supper in my inn, where people drink and smoke and several persons are present who by their close attention influence the examiner suggestively, the conditions for neural analysis are as unfavorable as possible; that to this must be added that different potencies of the same substance even under favorable conditions cannot well be compared. Nevertheless, I would be ready to try, since at least it must interest myself whether anything or what could be gained by it.

Before making this experiment the problem was proposed to me from another side. I received four vials, of which one contained alcohol and the others three different potencies of the same substance without indicating what it was. An experiment which I made at home, under the same conditions as usual, miscarried, as I supposed beforehand. Several potencies of the same substance cannot be compared at the same time. The later experiment made in the Society gave the same result. At last a record of measurements of my son, Dr. M. Jaeger, homœopathic physician in Hall, made at my instigation, arrived. He had, just as in other cases, measured *different* potencies of the *same substance* (30, 100, 200, 1,000, and a two per cent. solution of Arsenic-salt) successively—*i. e.*, with five minutes intervals—without knowing what he measured, and found each time long series of numbers (twenty to twenty-two decades), but at the same time committed the great fault that before measuring he made an inhalation for one whole minute, so that he must have missed the most important variations.

If, now, in this manner, as I generally do, a rest-number is compared with a medicine-number formed from all twenty decades, the result was perfectly confused. But, after separating the twenty decades into five mean-values of four decades each and determining the maximal differences of the decade numbers in rest and medicine-action, it was found that from the three first measurements the correct result could be extracted, and that only the two last were unfit for the diagnosis, because satu-

ration with the substance, blunting, and fatigue had totally destroyed the necessary disposition for measurement, which appears from the first glance at the rest-numbers.

Now, I looked at the single numbers which I had obtained in my experiment in the Society : every four decade-numbers measured during rest and inhalation of medicine were each time combined to a mean-number. Whilst now the mean-numbers gave a *false* diagnosis, the examination of the *single* numbers showed that with the two first vials, the result would have been right if I had measured four further decades and ignored the four first ones. In a nerve system impregnated with victuals, beer, smoke, and human exhalations, the action can hardly be as rapid as when the experimenter is free from such influences and alone. The third measurement also, which was not quite incorrect, would, if continued, perhaps have given a correct result, and only the fourth was and remained useless when looking at the single numbers.

From these experiments I next drew the following conclusions :

It is easy by neural analysis to prove the *scientific* side of potentiation and to obtain remarkably exact results, but in *praxi* difficulties arise in the application of the method. These partly lie in the nature of the *object*. With high potencies finesses are concerned which by far exceed what I had to determine in my hygienic practice, and which, therefore, make other precautionary measures necessary which I use in my present practice. The other difficulties lie in the *subject*. It is ten to one that every practitioner makes the same claim of the method as has been made twice to me, and as my son made it to himself in his own experiments : "Can I discriminate with the method *different potencies* of the *same* substance and discriminate promptly?" This is a question which, without thorough investigation—*i. e.*, without a whole series of varying measurements—cannot be decided—*i. e.*, I believe that it may be done, if not too much is asked at once, but it must even be determined what must be done and what not, and what is to be thought of the numbers.

I remind the reader only of the following : Hahnemann has

given exact instructions what, in the use of homœopathic medicine, is to be done and what not: (1.) To take the medicine on an empty stomach. This also is required for neural analysis. (2.) To do it in a quiet disposition—the same in neural analysis. (3.) He forbids the use of numerous substances—*e. g.*, coffee, tea, perfumery, Camphor. If Hahnemann, as I doubt not, is right (of Camphor I know it for certain), then also in neural analytical provings of medicine the same prohibitions must be observed, for the influences which cancel the therapeutical action of the attenuated medicine substances weaken or annihilate their *physiological* action; therefore it can, of course, not accomplish what neural analysis is to show in numbers, if nothing is going on in the body.

Now I return to what I said at first: I have taken hold of the work at the same end as in 1881. The reader, ten to one, wants to take hold of the *practical* end, and this cannot be done, because the handle to it has not yet been made.

I am, consequently, placed in a difficult alternative.

If I publish the two series of provings, I run the risk that the matter will be taken hold of, especially by those readers whom I desire, *viz.*: by those who oppose experiment to experiment, and not rhetorical exercise to experiment in the wrong way, and that, therefore, it will be discredited.

The other alternative is that I delay the publication till the practical handle for the matter is made and the method adapted to the practice.

As a *matter of fact*, the latter is decidedly the right way, but it means a delay of publication for at least half a year.

“Why?” Very simply. I work now—to-day is the first of March—since three and a half months, in this matter to the neglect of my own work. Whilst I intended this winter to carry out only one series of measurements, I now have already done two, and shall I now do a *third*? For that I have neither time nor desire, especially at the approach of spring, when I am tired of the four walls. This is, however, only one reason; the other is the following:

As I, ten years ago, during the scientific proving, had desired

not to be left *alone*, so I feel exactly as to the *practical* proving. I have expressed this desire already in my letter to the editors (published in Nos. 25 and 46 in the 123d volume of this journal), but now it has grown to a *conditio sine qua non*. *If in this affair I do not find any assistants in the ranks of the homœopathic physicians or apothecaries, I let them alone*; for, for myself, this side of the subject has no interest, because I am neither a homœopathic physician nor apothecary.

I am willing to continue alone of caring for the *scientific* side of the subject. Assistants are also here welcome, but they are not necessary. If, however, the gentlemen of practice have not so much interest in the solution of the *practical* question that I can find assistance, then there is also no reason I should do this thing alone and publish it. No rooster will crow over it, and to work for this my time is too precious.

Thus far the matter is very simple, but in the meantime I have been placed in a constrained position. The table of curves for the first series of measurements has been cut already a month ago. The manuscript for this first series which likewise went to press several weeks ago has been retained by me, as soon as I saw how matters stood. Instead of returning the paper the printer sends me—whilst I am writing—the proof-sheets of the first part, hence the paper is already in type.

Without sacrifice this cannot be changed, and so may the first part make its way into the public such as it is. It is to be hoped that the insight into what can be done if there is a will, will have the result that I shall find what I need.

But first I wish to say what I do not want.

It has come to my knowledge that already after the announcement of my view in No. 25, vol. 123, a critic pointed his pen for a round with me which goes against all and every rule of "comment." The rule not only in the fencing-room but also on the field of science must be—*equal arms*. My weapons are the *experiment* and the *number*. If anybody opposes me with *other* weapons, with *rhetoric* and *phraseology*, I must decline. I give no satisfaction with unequal arms. What I want are assistants, not *critics*. This demand must be made also by the reader, or

else if in a journal always on one side stands the *author* and on the other side the *critic*, the reader finds himself in the fatal position of the donkey in the fable who starved between two bundles of hay.

[TO BE CONTINUED.]

MALARIAL FEVER IN THE SACRAMENTO VALLEY.

JAMES T. MARTIN, M. D., WOODLAND, CAL.

Possibly you expect from me a definition of malaria before entering upon a brochure on this subject. But I have no such intention. I do not care to be caught in such a trap. The old word is good enough for me. At any rate, should another name be chosen you would still have to treat it in the same old way—that is, by the totality of the symptoms.

Prof. H. C. Allen, my old teacher, calls it “Marsh Miasm,” but it comes stalking in with the same periodical regularity, bringing with it the same lank, lean, cadaverous form, smelling of the same stagnant pools, decaying vegetation and newly-turned-up soil as did his ancestor, old malaria. It inhabits the same countries, believes in shaking up the same people, in fact, seems to grow in the richest and most productive soil. He will enter any class of society—rich or poor, good or bad—all alike may feel his blighting influence. In the chamber of the newborn babe you may see his gaunt and ghostly visage grinning ghastly at the mother long before she has fully recovered from the exhaustion of bringing another life into this uncharitable world. So it makes no difference by what name you call him, he presents the same old face, the same old aches, the same delirium, fever and sweat, howsoever disguised, as did his old ancestor whom you knew so well. Let it not be said that we always lift the same old club over his ungainly head, but rather that we select the one most suitable according to the *only* “law of selection” that has served so well on so many occasions. On three sides of us we have a system of irrigation ditches spreading wider and wider till most of the arable land in the vicinity

can be flooded at any time of the year that the husbandman may desire. In addition to this, the outlet of Clear Lake, a small creek, from which the water is taken, flows about three miles north of the town, and sinks in the marsh near by. As a rule, during a portion of the growing season of the year, these ditches are entirely unused, hence, as a matter of course, in a fertile country, a luxuriant growth of vegetation springs up in and along these banks. This vegetation must necessarily die whenever the water is turned on for any length of time, so that when the gates are shut down and the water again dries out of the ditches, it leaves a great mass of decaying vegetation all along the beds of these artificial water-courses, exposed to the withering rays of the summer sun. Great quantities of this putrefying matter, when it becomes dry, rise into the air as an impalpable powder, and it is wafted by varying currents of air to different localities, seeking whom it may devour. Those living in the immediate vicinity of these ditches breathe a great deal of this atmosphere thus contaminated, and as a consequence are more subject to attacks of malarial fevers than those who live at a distance. The danger of an attack lessens as the distance from the ditches increases.

Then, again, to the east of us, lies an immense acreage of swamp land covered with a profuse growth of rushes known as "tules" that borders on the Sacramento River, and is from five to ten miles wide, partaking of the general course of the river. These lands are entirely submerged during a rise in the river sufficient to cause a break in the levee. This usually occurs in winters when we have an unusual amount of rain. The same levee that serves to keep the river in its banks also serves as a hindrance to the receding of the water, once the dikes have broken. Hence it is by a slow draining and evaporating process that the water is finally out of the tules. This usually occurs in July or August. It is therefore in the hottest season of the year that we are most exposed to the effects of this great mass of decaying vegetation from all sides. While the cold and damp continues, we do not feel the malarious influences nearly so much as we do when the sun shines the hottest.

In June or July every few years the great Columbia River overflows its banks, and it is often said that when the river again begins to return to its banks the people begin to shake. This is true, too, I believe, of all great river basins that are subject to overflow at or about this time of the year. Those who are studying the microbes of malaria find them in the greatest abundance in marshy regions, in stagnant pools, and, in fact, wherever there is plenty of rotting vegetable matter exposed to the direct rays of the summer sun.

The Board of Health, of New York city, advise sprinkling the streets as a means of protecting the inhabitants against any disease germs that would otherwise rise with the dust and be breathed by any one who came in contact with it. This, of course, is recommended as a sanitary measure, which we think well worth the attention of physicians generally.

There are three varieties of malarial fever that frequently occur in our section of the country which are worthy of attention. They might all, except one, however, be placed in the one class of masked intermittents. For our present purpose it will be sufficient to give you a typical case from each by way of illustration. In October, 1888, we were called into Capay Valley to see a young farmer living on the banks of the creek, who was, at the time, complaining very much of an intense headache, principally in the occipital region, but spreading over the head and finding another place of aggravation over the right orbit, very much worse on motion, especially sitting up. There was some photophobia with slight congestion of the conjunctiva. Temperature, 103 degrees; pulse, 120; perspiration, *very profuse*, indeed it was so excessive that his clothing and the bed-clothes were thoroughly soaked. This was during the hottest portion of the month, when the thermometer stood at 100 degrees F. in the shade. Yet this man had, besides his working clothes, most all the available bed-clothes in the house piled on to keep him warm. He complained of heat, yet was afraid to uncover lest he should become cold. There was very much aching in different parts of the body, which was especially severe in the lumbar region, with marked tenderness in the region of

the liver and spleen. On making inquiry about the case we found that after two or three days of malaise, fever came on the day before our visit, and still continued to rise till we saw the patient on the afternoon of the 8th of October. Some time during the night the fever subsided, and on the 9th apyrexia appeared, which lasted about twenty-four hours, when the temperature began again to rise and continued to do so for nearly forty-eight hours, and then dropped to normal again, only to repeat the same process during the three days following. This is about the course of all this class of fevers. Two days of increasing fever, that falls rapidly to normal on the third day, with the exception that in the more serious cases the temperature often drops down below normal—in one case noted as low as $96\frac{1}{2}$ degrees. The maximum rise in temperature in these more severe cases is in the neighborhood of 105 or 106 degrees. Persons who are subject to attacks of this fever live either on an irrigation ditch, the creek, or on some other water-course. The progress of cure is worthy of note. After the first correct prescription the fever begins to rise later and later in the day with each recurring paroxysm until no fever appears until the morning of the second day, when it is ushered in by a slight chill. One would naturally think that we would have a paroxysm every third day, but we don't, for about this time it changes to an every-other-day intermittent. Now, as the fever comes later and later in the day, the chill becomes harder and harder, till we have a very hard paroxysm between ten and eleven o'clock in the forenoon and lasting from one to two hours. From this time on the disease usually follows about the course of an old-fashioned intermittent fever. We have gotten the mask off which never came off when Quinine was given; it either afforded a temporary relief, with much aggravation of all the symptoms when they did return, or else changed its character entirely into a lingering typho-malarial or typhoid fever that is so common, and has caused so much trouble in malarial districts. We know of no other drug that is so often misused as Quinine in malarial districts. As long as the name "malaria" lives, there will always be some excuse hatched up for the

use of this drug, no matter how much a patient may protest that Quinine is injurious to him, makes him deaf or hurts his stomach, yet he gets it just the same, disguised in some of the thousand and one ways that are so convenient when it is desirable to keep the patient in darkness as to what he has swallowed. How an intelligent physician can give a medicine year in and year out without learning that it often does injury, is more than I can understand. It does seem to me that it is one of the special prerogatives of the physician to know the difference between drug and disease symptoms, and therefore know when disease symptoms end and drug symptoms begin or become manifest. The class of fevers herein above mentioned are very prone to return, usually at about the same time the next year. Though this is not constant, some return the following spring or fall as the case may be. But whenever they return it is always as intermittents. Aside from the causes already given for malarial fever in general, this particular variety has for its immediate and exciting cause, living on an irrigating ditch, working in the hot sun, and drinking large quantities of water. There may be other causes, but these are the most prominent.

The next and simplest of all forms of malaria shows fever in the morning, continuing through the day, declining sometime in the night, only to rise again next morning and repeat the same process. There is very seldom any headache, perspiration slight, if any. The patient complains of a tired, weak feeling, with a loss of appetite, complexion sallow, bowels constipated, temperature seldom or never rises higher than 102 degrees; they are not very sick, but often think they are going to be. Boys and young people—especially those who have been in the habit of bathing in some of the various water-ways in the country—are more liable to this fever than others. In fact, most all the cases we have had were directly attributable to this cause. The tongue is heavily coated, usually a dirty gray. Taste often spoken of as *very bad*, and quite often nothing tastes good except water. This disease runs somewhere from three to ten days, owing perhaps to the amount of exposure before the attack is precipitated.

The recovery is usually clear without either bad results or relapses.

In the next variety the mask is thrown off entirely, and we have the bold, angular type of the old-fashioned intermittent with its chills, fever, and sweat in regular paroxysms. It is not necessary for us to describe it here; you all know him and are able to recognize him anywhere. If not, your patient will introduce you to him.

As I have before intimated, the cause of all these fevers is stagnant water, decaying vegetation, and a hot sun. In recent investigations scientists have declared that they have discovered the microbe which is concerned in the propagation of malarial fever. Of course, the aforesaid malarial country must exist where the microbe can propagate, or he won't exist to work out his pet theories on an unoffending populace; no matter how many times he may shake up the body that he has seen fit to attack, or how many times he may multiply in that body, he is perfectly impotent of harm when through with that body, so far as other persons are concerned. The suggestion therefore comes to me, why not disinfect the country, work off your germicides on the stagnant pools and decaying vegetation, and dispose of Mr. Microbe before he is sufficiently developed to attack the unwary. Now, I am not much acquainted with the most fashionable germicides and microbe-killers of the day, but somehow it seems to me that it will take pretty nearly as great a quantity of any one of them to kill *that* much-talked-of infusoria as it would to kill a man. There is one thing, however, that I do know, the well-directed similar remedy will make the human body so healthy that Mr. Micrococcus finds it exceedingly uncomfortable to remain, and hence moves out. Healthy blood, we are told, will actually kill 46,000 of these little animalculæ in a moment of time. Therefore as your remedy brings health to your patient Mr. Microbe and all his relatives must take immediate and unceremonious departure, or meet their doom in the onward flow of that life-giving fluid made pure in obedience to law. The elements which enter into the cure are somewhat varied. The very profuse perspiration that is noticeable flushes

the pores and carries away an immense amount of *débris* that has been collecting for a long time, damming up these little sewers of the body and causing the overflow which poisons the system. Frequent bathing with good, pure water will be found not only very grateful to the patient, but very beneficial as well, and is one of the best adjuvants to the treatment. There are very few, if any, other local measures that are of any avail at all. It goes without saying that the medicinal treatment is the indicated remedy.

Since writing the above, a new theory of intermittent fever has been published by Dr. Mathew D. O'Connell in the *Indian Medical Gazette* for November, 1891. While not questioning the presence of micro-organism, either animal or vegetable, in the blood, the Doctor thinks that another hypothesis is not only possible, but fully adequate to explain the facts of ague and its consequences. This hypothesis as quoted by the *Medical Record* of January 30th, 1892, says that ague or intermittent fever is due to an intermittent excess of water in the blood, and that this intermittent excess of water in the blood, or hydræmia, is the obvious result of exposure to meteorological surroundings (heat and moisture) which go to make up what we call a malarious climate. The facts which have led him to the belief that intermittent fever is due to an intermittent hydræmia are as follow:

1. There is known to be excess of water in the blood in all fevers.

2. Excess of water in the blood, or hydræmia, will cause fever.

3. The meteorological conditions (heat and moisture) which make up what we call a malarial climate are such as must, by preventing its excretion, produce an intermittent excess of water in the blood, or hydræmia.

4. Free elimination of water from the blood of a person suffering from ague reduces the temperature to normal.

5. Excess of water in the blood, especially if intermittent, will produce all the usual sequelæ of ague, viz.: (a) enlargement of spleen; (b) leucocythæmia; (c) pigmental deposits in organs.

6. All successful treatment of ague reduces the quantity of water in the blood.

7. Change of climate cures the disease.

I am neither a prophet or a son of a prophet, but I believe that somewhere in the varying cycles of time we will have this theory or one very much like it as the accepted pathology of malarial fevers. So the changes come, the old pathology gives place to the new, our knowledge increases, and we are brought out of the slough of despond into a clear and running stream with new and refreshing surroundings only to float down again into the same old swamp.

COMMENTARIES ON *THE ORGANON*.*

Practical illustration of the homœopathic law by the magnet (§§ 26, 29, 45, 156, 167).

B. FINCKE, M. D., BROOKLYN, N. Y.

“Like cures like” in Homœopathy and “like repels like” in physics is a paradox which finds its explanation in the third law of motion: action and reaction are equal and directed to contrary sides.

Like symptoms observed from a remedy in health cure like symptoms observed from a disease in sickness. The action of the remedy having similar symptoms as those produced by the action of disease, must necessarily, when administered to the patient, meet the reaction of the life-force as far as it is affected by the disease; and thus the two actions, directed to contrary sides, must equalize each other, provided the remedy be given in a *dose corresponding* to the *dynamic* nature of the life-force. But this is not sufficient, says Hahnemann. The remedy, if similar, will always be stronger than the disease, and must be so prepared that it is just sufficient to overcome the disease, so that the surplus of action will disappear in the restored equilibrium of the life-force. This, then, forms the justification of

* Read before the New York Homœopathic Union, and proven by experiment upon a little apparatus contrived for the purpose.

high potencies, which do not act by their physical materiality but by their medicinal force.

Now the word cure in the homœopathic sentence relates to a change of the state of the life-force into its contrary by such a medicinal force. If well, it becomes sick; if sick, well. The word cure, therefore, indicates the result of the conversion of the sick into the healthy state by the homœopathic remedy inasmuch as this is opposed to the pathogenesis, and hence repels and nullifies it in virtue of its symptom-similarity. The two sentences practically amount to the same, and may be expressed in a sentence common to both: *like turns like into the contrary, or the action equalizes the opposed action or reaction and the natural state continues.*

This might be exemplified by the action of magnets. Every magnet has a north and south pole. These poles are similar in that both attract iron and both repel like poles, and *vice versa*. If a magnetic needle is hung up on a silk fibre, it points north and south. This is to represent the life-force in its normal condition.

Suppose we want to explore the action of a remedy and give it to the healthy, the reaction of the life-force will show the action of the remedy in a mutual action, which can be observed in the pathopoëtic series of symptoms called a proving. This is exemplified by the needle when we approach to its north pole the north pole of another magnetic needle called the pathopoëtic needle. It turns the needle into its opposite, for now the south pole points northward. This reversed state of the needle stands for artificial disease or proving. If we remove the pathopoëtic needle, the needle returns to its natural state, pointing north and south just as the life-force after proving a remedy returns to its natural condition. Now in a similar way, as we make our provings, nature produces the diseases by turning the state of health into its contrary, disease, and in this sense the pathopoëtic needle becomes pathogenetic, because natural disease cannot be produced by us, but is generated by nature. But, says Hahnemann, in most cases the life-force is not strong enough to return to its normal condition. Therefore remedies

must be applied, which according to the symptom-similarity in appropriate dose are able to accomplish a cure.

We assume now that the reversed state of the needle formerly brought out by the pathopoëtic needle signifies the disease produced by nature, the pathogenetic force. What, then, is to be done to restore the normal stand of the needle? According to the magnetic law a pole like the one which has turned the north pole south must be applied to the north pole of the needle now on the opposite side pointing south. But this will only equalize the influence of the opposite pathogenetic needle if it is stronger. In this case the needle turns round again and assumes its normal position in the meridian. The force of the pathogenetic needle is equalized and it is as if it and the pathopoëtic needle were no more in existence. If we in the moment of restoration succeed in removing simultaneously these two needles, the needle acted on continues in its equilibrium as before, and thus represents the perfected cure of the life-force. This actually happens in many cures where the patients recover without aggravations of any kind. The oscillations before the needle comes to rest may be taken for the symptoms.

Hahnemann (section 29) explains this equalization in a manner which amounts to the same thing. For he imagines that the pathopoëtic force produces a reaction in the organism which, being stronger than the opposed pathogenetic force, puts itself in its place, and in accomplishing this substitution its action ceases on account of the short duration dependent upon its infinitesimality. In section 45 he makes this still more distinct when he says: "that as soon as the life-force, disturbed by the preceding disease-potency (pathogenetic force), is seized more powerfully by the stronger dynamic disease-potency (pathopoëtic force), it for this reason remains affected by this alone; hence the previous similar but weaker force, being only a dynamic force without matter, must cease to act furthermore, to act morbidly upon the life-force, consequently, to exist."

It seems the position of Hahnemann in this matter is so well taken that it cannot be controverted. Its exemplification by the magnetic law upon the ground of the third law of motion

shows again the justification of his assertion in section 26, that the homœopathic axiom—like cures like—is founded upon a general homœopathic natural law, and as such is a universal law called Homœosis or General Assimilation.

BROOKLYN, N. Y., March 17th, 1892.

AN EXPERIENCE WITH COPPER.

L. M. STANTON, M. D., NEW YORK.

June 1st, 1891, Mrs. W. came to me for treatment, with the following symptoms:

For many years she has been troubled with trembling and unsteadiness of hands, especially marked after any nervous strain. Also with cramps in the toes, feet, and calves.

These symptoms have increased much the last few months, and in addition she has been annoyed with cramps in the hands, worse in the ball of the right thumb, interfering with writing. No further symptoms could be elicited, except that a week ago she had had her usual spring "bilious attack," but was over that now.

I prescribed Cuprum-met.^{5m}, three doses to be taken half an hour apart, and Sac-lac.

June 4th patient reported cramps much better.

This was the last time I saw Mrs. W., as she and her daughter left town the following morning for the summer.

A few days after this I received a letter from the daughter that much surprised me.

I quote from this letter:

"Thursday night, June 4th, in New York, she (Mrs. W.) had three terrible pains just beneath her stomach, she thought the medicine you gave her was beginning to take effect.

"June 5th, traveled all day but had no pain.

"June 6th, at 2 A. M., she was seized with severe pains. At 6 A. M. I went to her room and found her in great distress. By putting her finger down her throat and with severe retching she vomited about a pint of bile, dark green. The vomiting con-

tinued at half-hour then at quarter-hour intervals with more and more thrown off, nearly a quart at times. The pain beneath the stomach and in the sides increased in severity and the doctor came at 9 A. M. He gave some pellets and I covered her bowels with a mustard plaster. Nothing took effect until 1.30 P. M. when the Morphia caused her to half sleep, but the convulsions of pain were terrible. At 1.30 the vomiting ceased, she had vomited eleven times quarts of dark green liquid. At 8 P. M. the spasms of pain were terrible and her strength gave out. Vomiting began again, this time about two cupfuls each time, black, putrid, dreadful in odor, but without retching—convulsions of pain simply threw it out of her mouth.

“At 10 P. M. the doctor injected Morphine where the pain was most cramping. Her pulse was weak. Then she slept, but cramped even in her half sleep with pain. The last vomiting was at 2 A. M.

“June 7th, the doctor came early in the morning, but she was still uneasy in pain.” Something was given to move the bowels, and “between 4 and 6 P. M. she had five very large movements, first dark and green, afterward lighter. The fifth caused straining, and in examining it I found what I thought to be a gall-stone. It was the size of a damson plum.

“Mother bids me tell you she took the medicine up to the night she was taken ill, and we both feel that it must have reached the seat of all her inexplicable trouble for the past eighteen years.”

Dr. Hunt, of Newtonville, Mass., who attended Mrs. W. during the attack has kindly sent me these particulars regarding the stone:

Long diameter, $1\frac{1}{2}$ inches, short diameter, $\frac{3}{4}$ inches. It has a distinct nucleus, is made up of bile, as the test of portions of the stone shows. It was perfectly hard when passed, the patient heard the stone strike the chamber.

The cramp and trembling of hands which at first I believed to be of spinal origin were unquestionably reflex, and due to the pressure of this huge stone upon the nerves supplying the gall-bladder.

Without doubt the Copper did reach the seat of trouble.

Marked and almost immediate improvement in the reflex symptoms followed the medicine. Reaction had begun; and the reaction during the next few days was waxing stronger till finally not even this stone would resist it, and its expulsion was the inevitable result.

There has, of course, been no return of the old symptoms

IPECAC IN UTERINE HÆMORRHAGES.

J. R. HAYNES, M. D., INDIANAPOLIS, INDIANA.

Clinical Bureau, I. H. A.

Was called to see Mrs. T., aged twenty-two years, light complexion, brown hair, blue eyes, rather small in stature, would weigh about one hundred pounds, married, and the mother of one child about two and a half years old. As near as I could learn, she had had a miscarriage about one year before, and had a poor recovery from it; was treated by a "regular" and thoroughly dosed, or such was the report.

She had been feeling well, had made no complaints, was sitting up with some light sewing in hand, when she was taken suddenly with a severe uterine hæmorrhage; she was placed upon the bed and I was sent for, with the request to come as soon as it was possible.

When I arrived, she had fainted two or three times. I found her pulseless, face pale, and so much exsanguinated that she could not speak, so that all of the information that I could get must be obtained from some of the rest of the family, and that was but very little.

The hæmorrhage had run through her clothing, through the bed, and a large pool had collected upon the floor.

She was flowing very rapidly; a large stream was gushing from the uterus, so that there was no time to wait. Whatever was done must be done at once, or death would take place in a few moments.

The flow was of a bright red (purely arterial), the lower limbs were bathed in a cold perspiration; hands were cold and damp;

the abdomen felt hot yet damp with perspiration; the flow would come in large gushes, and life was ebbing out very rapidly.

The color of the discharge was of a bright red, and did not coagulate easily, but lay upon the floor in a liquid pool.

I considered that all of the symptoms that I could get pointed to Ipecac. A small dose of Ipecac^{10m} was placed in a half-glass of water and one teaspoonful was given as soon as possible.

It acted like magic, for in less than one minute there was a change for the better. It was repeated in fifteen minutes, when the active hæmorrhage ceased. I waited for an hour to see if there would be any return (which there was not) when I left Sac-lac. in water to be given one teaspoonful every hour, and left with the promise that if any alarming symptoms should make their appearance that I should be notified at once. I would not allow even her wet bloody clothing to be changed, but to slip some dry clothes under her next to the skin to make her as comfortable as possible. There was a slight oozing of the discharge for two days when it entirely ceased.

She was very weak and prostrated after the tremendous flow; and for these conditions she was given at intervals three doses of China^{10m}; she made a good getting up, and in a week was able to be up and dressed, and in two weeks was able to come down-town.

Mrs. L——, aged thirty-one, light complexion, brown hair, blue eyes, medium height, would weigh about one hundred and ten pounds, quite active when in health, lively disposition, full of fun, fond of a good joke (especially when upon others) was taken suddenly with a severe uterine hæmorrhage, which came away in gushes very fluid, and of a bright red color. It did not coagulate easily; looked like fresh arterial blood. An oppressed heavy feeling over the lower abdomen; heavy ache through the small of the back; throbbing sensation through the head, partial illusions before the eyes upon motion, a fainty nausea, which seemed to come from the stomach; tongue coated white, rather thirsty; quite gloomy, thought that she would bleed to death; somewhat restless (I thought from fright), hands and

feet covered with a cold perspiration. Had been told by some old women that she was likely to bleed to death, which had a very depressing effect upon her ; felt rigors if the clothing was moved or she stirred ; had been well up to the time of this sudden attack, and could not assign any reason for it. Here was another picture of Ipecac. A small dose was placed in water and one teaspoonful was given and told to continue it every half-hour until four doses were taken should the activity of the flow continue ; but as soon as there were any symptoms of an improvement to stop it. A powder of Sac-lac. was left to take its place. The violent hæmorrhage ceased in about an hour, and by the next morning, the discharge had entirely ceased ; and there was no further trouble.

Mrs. K—, aged twenty-eight ; light complexion, brown hair, blue eyes, tall and slim ; very active ; must be in motion ; at times very gloomy, and from no apparent cause ; would weigh about one hundred pounds ; married, and the mother of one child, which is seven years old, and has never been pregnant since the first time. Was taken suddenly with active uterine hæmorrhage, which was of a bright red color, and for such a midget was very active ; would coagulate when cold ; had the smell of fresh blood ; she had a heavy ache in the lower abdomen, the skin over the abdomen felt hot, and a slight hot perspiration. Had to urinate often, in small quantities. The flow would come on with gushes ; felt faint and nauseated ; throbbing headache ; worse through the forehead ; face pale and bloodless, which I attributed to the loss of blood ; a sort of sallow look ; tongue coated white ; some thirst, dead, heavy soreness in the throat ; mouth clammy ; some cough, with sticky mucus in the larynx ; felt sore through the whole chest ; no appetite ; considerable flatulence in the bowels ; heavy, aching pain in the uterine region ; hands and feet cold and clammy ; somewhat restless ; the flow was worse upon motion, yet was restless, and could not bear to keep quiet ; very gloomy, and thought that she was not going to get well again, and what would become of her little girl ; that she would never get up again, so that she could attend to her, which was the most that she cared for.

Ipecac^{10m} in water, one teaspoonful every hour, and as soon as the flow began to cease, to throw it away, and take a powder of Sac-lac., prepared in the same way. After the third dose the hæmorrhage was so much less that she did not continue it longer, but had the Sac-lac. prepared, and took that, and by the next morning the hæmorrhage had diminished to a slight discharge, which continued for about two days longer, and then ceased entirely.

She has had no further trouble in that way now for many months, or I should have heard from her, as I see her often.

Mrs. B—, aged twenty-four; dark complexion, black hair and eyes; rather chubby built; would weigh about one hundred and ten pounds; married; one child, a little girl, about two years old; of a rather gloomy disposition, going fully half-way to meet trouble. Was taken suddenly with uterine hæmorrhage, which was of a bright red color, which came away in gushes, which commenced with a fainty nausea, with some retching; face bloodless; pulse small and quick, one hundred and twenty; feet cold and clammy; abdomen hot; a clammy perspiration on the face; a sickening headache; aching over the whole head; heavy ache through the small of the back; aggravated by motion; sore aching through the front of the chest; spasmodic spells of coughing, which aggravated the hæmorrhage, which would come in gushes; a stuffed-up feeling in the head (probably from crying); heavy pressure through the lower abdomen; and before one of the gushes would have a considerable griping in the uterine region; gloomy and despondent; knew that she would bleed to death; thought that she felt the best when she kept perfectly quiet, but could not remain so; flow aggravated by her moving, which would also cause a gush to pass off, and that would make her more gloomy and restless.

Ipecac^{10m} in water, one teaspoonful every hour until four doses had been taken, or, as soon as the hæmorrhage seemed to get low, to throw it away, and take a powder of Sac-lac. prepared in the same way. At the fourth dose the active hæmorrhage ceased, and the Sac-lac. was prepared and taken; the next day there was a slight discharge, which grew gradually

less, and did not entirely cease until the third day; and so far there has been no further trouble in that line.

There is a large number of remedies that have a bright red discharge from the uterus; but so far as I know, none of them have the peculiar characteristics of Ipecac. It seems to stand out very prominently in all of its characteristics, and cannot be easily mistaken for any other remedy. One very peculiar characteristic is that the flow in active hæmorrhage is the peculiar gushing, which could be compared to that of a pump when the handle is vigorously worked; the stream does not cease, but at every pulsation of the heart there is a peculiar gush, which is not credited to any other remedy, so far as I am aware; and then the blood does not easily coagulate, but remains fluid for sometime, especially when active uterine hæmorrhage takes place.

NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held at the office of Dr. Edmund Carleton, 53 West Forty-fifth Street, New York, April 21st, 1892. Present: Dr. B. Fincke in the Chair; Drs. Baylies, Carleton, Clark, Dyer, Morgan, O'Brien, O'Connor; also the following visitors: Dr. Cartier, of Paris, who is here to observe the workings of pure Homœopathy; Dr. Kortwright, of Susquehanna, Pa.; Dr. Santee, of Cortland, N. Y.

The Secretary, Dr. Stanton, was unable to attend the meeting. Dr. Carleton was appointed temporary Secretary, and took the following minutes.

The President announced the fourth anniversary of our Union, and that the first business would be the election of officers for the ensuing year. Postponed to the next meeting.

The President said that great interest had lately been revived among German homœopathic physicians, in Professor Jaeger's experiments with high potencies by neural analysis, to which he has been invited by the publisher of the *Leipzig Allg. Hom. Zeitung*, and of which the first installment has appeared in that

journal. Jaeger has now used a pocket chronoscope of his own invention, which works easier than the old Kipp chronoscope ten years ago. At that time he found the greatest action of high potencies of Natrum-mur. in a series of potencies from 30 to 4,000, between 4,000 and 5,000. This caused him, before the meeting of the German physicians and naturalists to declare that the limit of divisibility of matter in consequence of this experiment had to be extended to at least the 4,000th centesimal potency. His present experiments have been instituted with a view to find for the various potencies the point of their indifference, or the point where they cease to act. Professor Jaeger declares emphatically that his experiments enable him to say with certainty, that high potencies possess more and more varified medicinal action than low potencies and crude drugs. This statement coming from one of the foremost scientific men of Europe, a pioneer in physiology, and a fearless investigator, is to be hailed as the beginning of a new era of the homœopathic development in Europe, and especially in Germany, where high potencies have been silenced and depressed in every way, till lately they have again come into notice in consequence of the Koch fiasco. The homœopathic physicians, on account of supposed alliance of Isopathy with Homœopathy, taking up this subject, declared in accordance with the allopathic experience of the mortality of the crude tuberculin, that high potencies—1,000 and higher—proved curative; so that the ludicrous aspect is presented of Dr. Koch helping our high potencies to their rightful recognition.

Dr. W. P. Wesselhœft's report to the I. H. A., on the condition of Homœopathy in Germany, has been published in the *Berliner Zeitschrift*, and created a sensation, with, to be hoped for, good results.

The Organon was then read and discussed; sections 146 and 153 inclusive, the last not fully, and it was voted to begin with that section at the next meeting.

The words "in the place of" (sec. 148) were carefully considered. Finally all agreed that we cannot understand just how the substitution of remedy for disease is made, though there is no doubt of the substitution.

Dr. Morgan read aloud from Stratton's Translation, section 149 and foot-note. The President, with the German edition and his own literal translation before him, informed the company that in the original Hahnemann had added at the close of the note, the words omitted by Stratton: "The just reward may await them, that when getting sick they may themselves be treated in the same manner."

All present were surprised at the omission, and laughed heartily.

An explanation was asked of the meaning of section 151. Dr. Carleton illustrated by a case from practice. A hard-headed old Scotchman had said to his boon companions last Christmas that he should not drink another drop of whiskey after New Year's day. "Why, Dave!" they exclaimed, "you have drank whiskey for forty years. If you stop now it will kill you." "Very well," was the reply, "then I will die; but I shall not drink any more whiskey." And he stopped drinking.

He became very ill with indigestion, insomnia, and nervousness, and applied to the Doctor for relief. He gave *Nux-v.* after making comparisons, but without avail. Next *Pulsatilla*, after careful search, but with slight palliation. That nettled the Doctor, who took the case anew, with great care, and gave the apparent simillimum, *Argent-nit.* This produced only slight palliation. It was apparent that some important part of the case had been omitted. Accidentally, the patient admitted that his distress was ameliorated by bending double and pressing hard upon the abdomen. He seemed half ashamed and sorry to make the admission, but the grand characteristic had been found. All the symptoms fell into line for *Colocynth*, which cured speedily.

This illustration was considered good.

A general discussion of the value of diagnosis ensued. It was agreed that the diagnosis of a case was valuable, as enabling the physician to avoid laying stress upon the diagnostic symptoms when selecting the remedy; and also as enabling the physician to make prognosis. Dr. Morgan made this very apparent.

The importance of not changing the direction of a disease was brought out. Dr. Dyer illustrated from the practice of the late Dr. Bayard, who was always very particular on that point. He (Dr. B.) had prescribed carefully and successfully for a case of pruritus. Less troublesome symptoms appeared in remote and altogether superficial parts. Instead of letting alone until the cure should be complete, another physician then prescribed for the new symptoms, and so successfully, that they all disappeared; the pruritus returned and could not be cured. Adjourned.

L. M. STANTON, *Sec'y.*

181 WEST 87TH STREET, NEW YORK.

BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

ORDER 37.—UMBELLIFERÆ (CONTINUED).

Conium Maculatum (Hemlock).—The common hemlock is a very poisonous plant; but it is also a marvelous medicine when properly used. Baron Stoerek is said to have been the first that brought it into repute, on account of its extraordinary efficacy in curing scirrhus and other forms of cancers, as well as other diseases supposed to be incurable. It has been used with success in allaying the irritation and improving the appearance of ill-conditioned sores. It has been successfully used in chronic rheumatism, glandular swellings, and various periodical pains. It has been found of *singular* use in whooping-cough; applied externally it allays the pains of open and ulcerated cancers. It is said to be excellent applied externally against *hard swellings*, gout, rheumatism, and stiff joints. There is a good proving of *Conium*. It *produces* on the healthy violent stitches in the chest and breasts, as if a knife were plunged in, throbbing, inflammation, tenderness, and hardness of the mammary glands. It has repeatedly removed lumps and tumors from the breast and other parts, caused by blows. It has a very powerful action on the glands. It produces heaviness and weariness in all the

limbs ; bruised, paralyzed feelings in the limbs ; numbness ; pains in all the joints, as if beaten ; bone pains ; loss of power in lower limbs ; great weakness.

It produces dry, tickling, spasmodic cough ; violent attacks of cough, with great oppression, almost amounting to suffocation ; cough causing whooping, worse in the night. The hemlock is one of the most valuable remedies in the treatment of both simple and malignant swellings, and the homœopathic proving of the plant shows that it has a close affinity with these conditions, as it produces very similar effects. Some years ago a gentleman brought his son to me with a large tumor on his knee caused by a cricket ball. The swelling had been treated for a considerable time by an allopath. Iodine was painted on, and other things done without the least effect. I was led to give *Conium*³⁰, and in a few weeks the tumor entirely disappeared. Shortly after, the gentleman met the Doctor and told him the lump had gone. "Oh ! I am so delighted to hear it," said he. "Yes, I took him to a homœopath. Homœopathy cured it !" "Nonsense, my dear sir, it was simply that Nature reasserted itself." "Well," said the father, "if Homœopathy helps Nature to reassert itself, in future I am going to be a homœopath." And he has been ever since.

ORDER 38.—*HEDERACEÆ*.

Hedera Helix (the common Ivy).—The ivy has been used against the atrophy of children. The leaves are often applied to running sores, and to cleanse and heal old ulcers, and they are said to destroy vermin in children's heads. The berries are purging and will also produce vomiting. They are said to be excellent against rheumatism and pains of all kinds.

Ivy is believed to be good in spleen troubles. It was used with some success in the plague of London and was believed to be alexipharmic ; a decoction of the juice dropped into the ear is said to relieve toothache of the *other* side. It is from the stalk of this tree that the resinous juice called *Gummi-hederæ* exudes, which possesses corroborant, astringent, and anti-spasmodic virtues. I was once told by an allopathic doctor that he used a

decoction of the berries to remove the effect of intoxicating liquors. I am sorry to say there is no proving of this drug, as I feel sure that it is a valuable one. It has been many times used experimentally of late years by some homœopaths. If any one will prove it I will send them some tincture or gum.

IN MEMORIAM—DR. GILES M. PEASE.

Dr. Giles M. Pease was born in Boston, Mass., May 3d, 1839. His early education, like that of most American boys, was in the public schools of his native town, but he finished his literary studies in one of the academies in Boston. Just when he decided to study medicine I am not informed, but for the purpose of defraying his expenses while attending the medical college, he went upon the boards of the theatre, and at one time was Booth's best man. When sufficient means had been procured, he left the drama and commenced the study of medicine at Harvard. Before he completed his studies the war of the Rebellion broke out, and after passing a rigid examination by the United States Navy Board, standing second in his class, he enlisted in the early part of 1861 in the United States Navy as Assistant Surgeon. While packing his trunk before leaving for the seat of war, his father, Giles Pease, M. D., one of the first practitioners of Homœopathy in New England, placed a small book, entitled *Sixteen Principal Homœopathic Remedies*, and a case containing the medicines in his trunk with the remark, "they may be of use to you in emergencies." But young Giles being thoroughly indoctrinated with the teachings of Harvard, paid no attention to the little volume until his ship struck yellow fever in Southern waters. His first, second, and third patients, treated according to allopathic methods, died. Then he remembered the parting words of his father, and eagerly sought the previously-despised little book. He studied it thoughtfully, and compared the symptoms of his next patient, sick with yellow fever, with the remedies in the little book, and finally gave Arsenicum. It proved to be the simillimum, and

cured his patient. After this, he lost no more cases with yellow fever.

In the winter of 1862-63 his health gave way and he resigned his position in the navy and returned home. When his health was sufficiently restored, he re-entered Harvard, from which he received the degree of M. D., July 15th, 1863.

Being fired with patriotism he now enlisted in the army as Assistant Surgeon of the Fifty-fourth Regiment Massachusetts Volunteers. He soon took the place of Surgeon, and although he rapidly rose to the position of chief Medical Officer of his regiment, he was never commissioned as *full* Surgeon, owing to the prejudice against him on the part of the Surgeon-General, because of his reported leaning toward Homœopathy. In the summer of 1864, his health again failed him, and he was compelled to leave the service.

His successful experiences with the *Sixteen Principal Homœopathic Remedies* while in the service of his country, so impressed him, that on retiring from the army in the fall of 1864 he unfurled the banner of Homœopathy and commenced private practice in the city of Boston.

His opportunities in the army, and his mechanical tastes soon led him to adopt surgery as a specialty. In this branch of the profession he excelled. His boldness, his carefulness, his originality, and his successes in abdominal surgery soon won for him a *national* reputation. He was one of the *first* surgeons in the world who had the courage to discard the clamp, tie the bleeding vessels with silkworm-gut and return the stump of an ovariectomy within the abdominal wall. This was as early as 1866.

Physically, Dr. Pease was *never* a robust man. In February, 1873, he had a severe attack of pneumonia from which he made a slow and imperfect recovery. Becoming convinced that a change of climate was absolutely necessary, he left Boston, and turning his face toward the setting sun, he reached the shores of the golden State of California in the summer of 1873. The mildness of the climate and the rapid recovery of his health induced him to remain in San Francisco.

In November, 1874, "The Pacific Homœopathic Medical Society" was organized, with Dr. Pease as one of its charter members. He served as its Secretary during its entire existence with great credit to himself and the Society.

In 1877 "The California State Homœopathic Medical Society" was organized, of which Society Dr. Pease was an active member, and in 1882 he served as its Secretary, and was elected President of the Society in 1883.

For many years Dr. Pease was a valued member of "The American Institute of Homœopathy," and, had his life been spared, he would soon have reached the degree of seniority. He was also a member of "the International Hahnemannian Association," to the proceedings of which Association he contributed several papers of great practical value.

When "The Hahnemann Medical College" of San Francisco was established, he was appointed Professor of Gynæcology and Surgical Diseases of Women, which position he filled with credit to himself and honor to the School.

Dr. Pease was also an honorary member of "The Alameda County Homœopathic Medical Society," and to the interest of its meetings he was a frequent contributor, both by his personal presence and several interesting papers.

As a surgeon, and a practitioner of Homœopathy, he had no superior on the Pacific Coast. His surgical operations, especially, were marvels of neatness and mechanical exactness. He loved and honored his profession, and was jealous of its dignity. Firm in his convictions, and honest in his purposes, he was the enemy of all medical shams, come from whomsoever or from whatsoever quarter they might. Like most physicians who have received their education in allopathic colleges, he was in his earlier years of homœopathic practice a low dilutionist; but by careful observation and the study of the philosophy of the law of similars, he soon became convinced of the superiority of potentized remedies, and although on some occasions he used material doses, yet he was known among his fellows as a high dilutionist—the 200th and upward being his favorite potencies. In the study of his cases and the selection of his remedies he

was what every homœopathic physician should be, very careful and painstaking. In this respect he was a model prescriber.

Although of a mechanical turn of mind, his inventions were not numerous, yet, he gave to the profession some very useful instruments.

As a writer he was clear, concise, and impressive, but, his papers were confined, almost exclusively, to the reporting of cases, many of which appeared in the medical journals.

In 1882 he published an octavo pamphlet entitled, *Gynecological Experiences*, in which he gave his views of the medical and surgical treatment of some of the diseases which affect the womb and its appendages.

For many years he has been collecting materials for a work on *Diseases of the Kidneys and Bladder*, but, owing to failing health, and sorrows that need not be mentioned here, it was never completed.

As I have before stated, he was never a man of robust health. During the eighteen years of our acquaintance, he had frequent attacks of asthma, which during the rainy season, frequently rendered him incapable of work or study for weeks at a time.

In his case, the asthma was incurable, and I have sometimes thought it was made doubly so by his unfortunate habit—a habit, in which *no* homœopathic physician should ever indulge—the use of tobacco. He was an inveterate smoker. These attacks, frequently repeated, gradually, but surely, reduced his power of resistance, thus rendering him more and more susceptible to diseases of a graver nature.

In the winter of 1890–91 he had an attack of pleuro-pneumonia in the right lung, which nearly ended his days. He made a fairly rapid recovery, but, during the following summer, it was easy to see that he was not so well; his strength was failing. During the following December, he contracted another *severe cold*, and was again attacked with pneumonia in the left lung. He seemed to be recovering when his old enemy, the asthma, returned, and being unable to withstand the complication, he passed away from his earthly joys and sorrows, December 14th, 1891.

By some persons Dr. Pease was not understood, but those who knew him well, knew him but to admire and love him.

Peace be to his ashes.

J. M. SELFRIDGE, M. D.

OAKLAND, CALIFORNIA.

MY SIXTH CASE OF PLACENTA PRÆVIA.

PROF. EDMUND CARLETON, M. D.

Read before the International Hahnemannian Association, Richfield Springs,
June, 1891.

The subject of this sketch was the mother of a number of children. All former pregnancies had been natural and easy. No hemorrhage occurred before term in this instance. I was summoned in the evening of April 17th, 1891. First discovered blood and clots; then the os dilated about one inch; the placenta covered it, but the examining finger found that the thinnest part extended anteriorly. During pains I carefully pushed my finger up to the thin edge and diagnosed a head presentation. Blood did not come so rapidly, but that it mostly clotted. I dissolved Pulsatilla²⁰⁰ in water, and gave a teaspoonful every ten minutes. Pains came on rapidly and forcibly. As dilatation advanced, I pushed the placenta backward with my finger, which allowed the head gradually to come down and finally to engage occiput right anteriorly. Uterine contractions and my pressure did the tamponing, so that hemorrhage never became alarming; and as soon as the head engaged, bleeding nearly ceased.

When the amniotic fluid escaped, it was with a rush which brought down an arm beside the head, and in that relation it was born, the child being small. The placenta was delivered soon after. Contractions firm. The whole affair was over in about an hour and a half. Patient not exsanguinated, and got up quickly.

The child (male) appeared to be dead. Persistent artificial respiration, kept up for thirty minutes, with friction and heat, saved his life.

This is my sixth case of placenta prævia, and I hope the last. Five mothers and four children survived. Much has been said and written on the subject and different theories advocated. As the line of conduct indicated in this paper is the one that I have always followed, please to consider it as the exemplification of my views.

EPILEPSY.

DR. McLAREN'S PAPER IN MARCH NUMBER.

EDITOR HOMŒOPATHIC PHYSICIAN :

In the issue of March there is given a report of Dr. McLaren's paper on Epilepsy, read before the I. H. A.

I would like to ask why he did not repeat Belladonna when it gave such a good result as relief for five weeks instead of introducing another remedy, viz., Calcarea? Did not Hahnemann teach that the effect of a drug was to be exhausted before prescribing another?

There was no opportunity given to see if Bell. would do more good.

Again, after giving the Calc. and producing "first a marked aggravation followed by an amelioration," when the efficacy of the one dose seemed completed, why were Hyoscyamus and Cina prescribed, when, as the author distinctly states, some of the indications calling for Calcarea remained? Would they not have disappeared if another dose of Calc. had been administered? The results finally demonstrated that Causticum was *the* remedy. Nevertheless, as the Doctor also states the approach of puberty complicated the case, would it not have all the more strongly called for a continuation of Bell. in the first place, or at least would it not have been strict Hahnemannism to have repeated the dose of Bell. before trying other remedies?

HATTIE C. VAN BUREN, M. D.,

Chatham, N. Y.

BOOK NOTICES.

A PRACTICAL MANUAL OF DISEASES OF THE SKIN. By George H. Rohé, M. D., Professor of Materia Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc., etc. Assisted by J. Williams Lord, A. B., M. D., Lecturer on Dermatology and Bacteriology in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. Philadelphia (1231 Filbert Street), and London. The F. A. Davis Co., Publishers. 1892. Price, \$1.25, net.

This is a beautiful little volume of some three hundred and ten pages on diseases of the skin by two distinguished authors. It constitutes No. 13 in *The Physician's and Student's Ready-Reference Series*. It has not been written, so the authors tell us, with the understanding to supplant any of the numerous works for the dermatological specialist. Therefore little space is given to theoretical speculations upon pathology and etiology. However, the medical student and busy practitioner will find in its pages many points of value and interest. The authors have tried to give brief and exact descriptions of the various diseases considered, and to indicate the simplest and most direct methods of treatment. The needs of the practitioner have been continually kept in view. Theoretical questions have throughout the book been subordinated to matters of fact.

As a matter of course, from a homœopathic standpoint, we can't indorse the author's theories and practices. We consider diseases of the skin constitutionally. To treat diseases of the skin as merely local troubles concerning the skin only, as is mostly done by medical men of all schools, is in our humble opinion utter folly, yes, a crime against humanity.

The medical profession talks very learnedly about pathology and pathological anatomy.

There is no end of percussing and auscultating the human body. They hear the faintest murmurs of the chest. They detect râles of all descriptions—crepitant and subcrepitant, moist and bronchial, mucous and sibilant, sonorous and cavernous râles. But how about *curing*? Take for instance consumption. We are told that bacilli cause the disease. But what was it that caused the bacilli? What was in the system before bacillary life became possible?

No, no, my allopathic friend, you are mistaken as regards curing diseases of the skin. And this is also intended for the would-be homœopathist. Read Hahnemann's *Organon* and be convinced that the trouble is constitutional, being fed from within, having its life from within, therefore it must be treated

medicinally from within, and lay aside lotions and ointments as useless and harmful.

W. S.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX: A Work of Reference for Medical Practitioners. Editor, Percy Wilde, M. D.; Editorial Secretary, P. Watson Williams, M. D. 1892. Tenth year. New York: E. B. Treat, 5 Cooper Union. Chicago: 199 Clark Street. Price, \$2.75.

This well-bound volume of six hundred and fifty pages, printed on excellent paper, giving the progress of the medical sciences for 1891, is out. The editors and contributors to this issue are men of experience from different parts of the world, and have done their work well. That the Annual has reached its tenth year and has been increasing in size from year to year, is in itself a recommendation. The cuts and plates that are scattered throughout the book are of the best, and the whole volume makes the impression of stability.

Part I Dr. Wilde starts out with a "Dictionary of the New Remedies," and a "Review of Therapeutics for 1891." He gives an extended review of the uses of the new remedies and new indications for old remedies. Part II contains a "Dictionary of New Treatment in Medicine and Surgery. 1892." In alphabetical order, beginning with abdominal injuries and ending with yellow fever, we get in a nut-shell, as it were, the recent advances in the treatment of all the ailments humanity is subject to—medical, surgical, gynecological, and dermatological. Part III gives the "Recent Advances in Bacteriology." There is a paragraph devoted to "Medical Photography," one to "Sanitary Science," and one to "The Use of Suppositories in the Treatment of Disease." A few pages are devoted to "Improvements in Pharmacy," and lastly, "New Inventions, Instruments, and Appliances." There is a list of medical books published during 1891. A general index concludes the work. This index is very complete and enables one to find at a glance what we are looking for.

W. S.

BACTERIOLOGICAL DIAGNOSIS. Tabular aids for use in practical work, by James Eisenberg, Ph. D., M. D., Vienna. Translated and augmented, with the permission of the author, from the second German edition by Norval H. Pierce. Philadelphia (1231 Filbert Street), and London. The F. A. Davis Co., Publishers. 1891. Price, \$1.50, net.

This volume gives in tabular form all the information obtainable concerning the different species of bacteria with a view to the recognition of any species under the microscope.

All bacteria are divided according to this book into I, Non-pathogenetic Bacteria; II, Pathogenetic Bacteria; III, Fungi. The Non-pathogenetic are

sub-divided into A, liquefying gelatine, and B, not liquefying gelatine. The Pathogenetic are divided into A, cultivated outside the animal body; B, not cultivated outside the animal body.

Each individual variety occupies a page by itself, and the reactions under the microscope, and conditions of growth by which it may be recognized are concisely given. The work is particularly useful for the practical microscopist.

W. M. J.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY
OF THE STATE OF NEW YORK FOR THE YEAR 1891. Vol-
ume XXVI. Edited by the Secretary, John L. Moffat, M. D.

These transactions give an account of the fortieth annual meeting of the New York State Society, and will surely be welcomed by every member, giving, as they do, the full proceedings of the meeting at Albany, February 10th and 11th, 1891. It is a book of some 450 pages, and does great credit to the Secretary, Dr. John L. Moffat.

On opening the book we find a portrait of the President for 1892, Dr. F. Park Lewis. President Dr. Geo. W. Dillow's address is full of thought, and gives a general outline of the work before the Convention. The different bureaus are well represented, and many of the papers are quite interesting.

There is one paper by Dr. W. M. Decker to which we wish to take exception. Indeed, it would make good reading matter for an allopathic journal, but it is entirely out of place in the proceedings of an Homœopathic Society. The title is, "It is hazardous to prescribe without a diagnosis." After lauding Pathology to the skies, and claiming Bacteriology to be an exact science, he asks: "What becomes of all the theories of the past?" "No freaks of imagination, or cunning interpretation of Hahnemann's psoric theory of disease can make it harmonize with microbic diseases." Doctor, what homœopathic physician ever attempted to harmonize Hahnemann's psoric theory of disease with the modern microbe theory?

"When Hahnemann did not know what was the matter with his patients, or could not cure them, he diagnosed psora, developed the itch, and then cured it. In this particular he was like that doctor who threw his patient into fits, for he could cure fits." Poor old Hahnemann, had you only lived in this enlightened nineteenth century, you would have been declared a fit subject for the lunatic asylum by one of your disciples, a so-called homœopathic physician. God save the mark!

The Doctor rages on thus: "Can it be possible that our school of medicine will longer persist in harboring such untruth, such nonsense, in the bright light, the purer light, the microscopical light which characterizes the close of the nineteenth century?" Yes, Doctor, in spite of all the pathological, bacteriological, and microscopical light of the times there are, bless God! physicians all over the world that believe in Hahnemann simply because they have found his theories true, and daily exemplify them in the cure of disease.

"We need more Sulphur and Brimstone, too, in order to exterminate the

itch in the Homœopathic School of Medicine. Our school is the only medical school in the world that is infested with psora. We need to be disinfected. It is high time to clean house, and get rid of that which is offensive to others and detrimental to ourselves." Just so. The best remedies to clean house with are cathartics. Give the patient a good physic. Kill the microbes, and the patient will get well. Should the patient perchance die, well let it be. The good Doctor, in killing the patient, surely killed the microbes also. This killing the bacilli, microbes, *et id omne genus* is the main point. What crude, materialistic ideas some homœopathic physicians have of disease! W. S

THE CLIMATOLOGIST. A monthly journal of medicine. Edited by John M. Keating, M. D., Frederick A. Packard, M. D., and Charles F. Gardiner, M. D. W. B. Saunders, Publisher, 913 Walnut Street, Philadelphia, Pa. Yearly subscription, \$2.00. Single number, 20 cents.

This journal, as its name implies, is devoted to medicine in its relation to Climate, also to Mineral Springs, Diet, Preventive Medicine, Race, Occupation, Life Insurance, and Sanitary Science. The April number is now before us, and is well charged with interesting matter. A few of these articles may be mentioned: "Vichy," by Dr. C. E. Cormack; "The Healing of Tuberculosis," by Dr. Wm. Osler; "The Injustice of Regarding suggested means for Treating Phthisis as Attempts to Discover a Specific Cure," by Dr. H. F. Williams; "The Surgical Treatment of Acute and Chronic Empyema," by Dr. Morris H. Richardson, and "Verbum Sat. Sapienti, No. 2," by Dr. John M. Keating.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS, GYNECOLOGY, AND PEDOLOGY, for May, is a notable number.

It is increased in size to 112 pages, and is entirely devoted to the discussion of the question of laceration of the perineum. At the December (1891) meeting of the American Obstetrical Society, Dr. George Clinton Jeffery, of Brooklyn, N. Y., read an address entitled "A Reasonable Protest Against Immediate Perineorrhaphy," in which he took strong grounds in favor of the delayed, or secondary operation for repair. This somewhat startling paper elicited so much disapproval among those present at the meeting that Dr. Winterburn determined to give a fair opportunity for a full expression of opinion on this important subject. The result is a Symposium of thirty papers, by prominent obstetricians and gynecologists in different parts of the country. It is rather surprising to find such a variety of opinion among men of large experience. Thus, Dr. O. S. Runnels, of Indianapolis, says: "It will be a step forward when it is established as a rule of practice that the primary operation upon the lacerated perineum is as indefensible, dangerous, and useless as is the primary operation upon the lacerated cervix. I consider it malpractice in both cases." At the other extreme of opinion there are a number of prominent men, as for instance, Prof. John Nicholas Mitchell, of Philadelphia, who says: "The duty

to operate on a lacerated perineum immediately after labor is imperative," or, Prof. Sheldon Leavitt, of Chicago, who says: "I insist upon the immediate operation * * * perineum thus restored are more likely to be functionally good than those built up after a lapse of three or four months," or, Prof. George R. Southwick, of Boston, who says: "My results have been better with primary perineorrhaphy than with the secondary operation. Experience is the basis of my belief in the primary operations."

But these writers do more than express opinions. They give, each in his own way, the minute details of the primary and secondary operations. This series of papers becomes thus a most valuable guide to the general practitioner. To have the most recent views of such men as Ludlam, Danforth, Ostrom, Comstock, Green, Carleton, and many others equally prominent, brought together for comparison furnishes the most vital exposition of this subject which has ever been written.

Dr. Winterburn, in closing the discussion, discourses editorially on the subject of prevention of laceration, which he claims is a more important question than that of repair. Among other things, he says:

"Laceration of the perineum should be of very rare occurrence, and a man who finds it a frequent experience in his practice should mend his manner. It is a contradiction of all we know in regard to the processes of nature that she cannot make a perineum that is able to stand the stress and strain of labor. Labor is a physiological process upon which depends the continued existence of the species. It would be the veriest twaddle to assert that the necessary organs were unable to do their legitimate work without injury. The natural forces which, through countless ages, have molded the human body into what it is, have produced the best results which were possible under the circumstances. The female perineum was not constituted by fiat, but was evolved. It came to be what it is through the necessities of the case. It was made for work; through unnumbered thousands of years it has been doing work; and by that work it has been fitted for its work. These be but truisms, yet they are ignored in our text-books and in the lectures of some at least of our professors. Any woman now living is the descendant of a long ancestry of women, all of whom have been mothers. Her organs of generation have been adapted by long process of generation to the purpose of generation. There is no more occasion for her organs being injured in the performance of their natural duties than there is for the male organs of generation to be injured in the performance of their natural duties."

Those of our readers who do obstetrical work will find the *Homœopathic Journal of Obstetrics, Gynaecology, and Pedology* of real value to them.

PHYSICIANS' REBATE CHECK-BOOK. By Wm. Jefferson Guernsey, M. D., 4340 Frankford Avenue, Philadelphia, Pa.
Price, \$1.00 per book of 200 Checks.

This publication consists of a series of checks, four to a page, and bound together into books of two hundred each. When a patient comes into the

office and pays his fee for a prescription, one of the checks is torn off and given to him, which represents a value of 25 per cent. of the fee. When he has in this way accumulated four checks he can get a prescription by presenting these four checks, and therefore free of actual cost. Thus he has an incentive always to pay his fees immediately. The principle applies also to visits. If he should owe a bill he can, by saving his checks and returning them when he has accumulated a sufficient number, discharge the indebtedness. The loss the physician sustains in this way is abundantly made up by the encouragement offered to the patient to pay as he goes.

W. M. J.

THE HOMŒOPATHIC THERAPEUTICS OF HEMORRHOIDS. By Wm. Jefferson Guernsey, M. D. (Second Edition). Philadelphia: Bœricke & Tafel, 1011 Arch Street, 1892. Price, \$1.00, net.

The first edition of this book was published several years ago, as a supplement to THE HOMŒOPATHIC PHYSICIAN. It consisted of a repertory and a short *resumé* of the materia medica of hemorrhoids, making in all 25 pages. The present volume is a much larger work of 140 pages, in which the larger portion is devoted to materia medica and followed by the Repertory at the end, producing a book that somewhat resembles the first edition of *Bell on Diarrhœa*.

The materia medica is excellent, the symptoms under each remedy being divided into "Subjective," "Objective," "Aggravation," "Amelioration," and "Concomitant." The Repertory is divided into chapters having similar headings. The Repertory in this new edition does not seem to us as well arranged as in the first edition. However, it is a very good book, and will be warmly welcomed by every Hahnemannian.

W. M. J.

NOTES AND NOTICES.

SIMILIA SIMILLIBUS? "Diagnosis: Syphilis, exanthema maculopapulosum corporis, adenitis universalis, ulcus durum." Remedy, "Isobutylorthocresoliodide." Can our friends see the point?—HITCHCOCK.

REED & CARRICK'S PREPARATIONS.—We desire to call the attention of our readers to the new advertisement of Reed & Carrick.

This firm have spared neither labor or expense to perfect their Infant Foods in keeping qualities by sterilization, and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all Milk Food, for young infants, and Carrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and they are the only Infant Foods in the market that will alone thoroughly nurse a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition, and taste.

IMPORTANT NOTICE AND REMOVAL.—To avoid failure or doubtful success in use of Peroxide of Hydrogen, be sure you get Marchand's Medicinal; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and Marchand's Peroxide of Hydrogen Medicinal.

Put up in 4 oz., 8 oz., and 16 oz. bottles only, with which every careful physician should be familiar, in order to frustrate dishonest substitution and assure success in practice.

DREVET MANUFACTURING CO.,

28 Prince Street, New York.

ELECTRO HOMŒOPATHY.—Dr. Berridge writes in reference to this subject: "I have a splendid prover, who is proving one of Mattei's remedies, and I hope to get him to prove others later. This is the only way to overthrow his system of Electro-Homœopathy."

THE CANTON SURGICAL CHAIR CO. still advertise their wonderful chair in this journal. You had better look at the advertisement on page 6 and visit our editorial office, and see the chair itself.

MR. W. P. CLEARY, the New York advertising agent of **THE HOMŒOPATHIC PHYSICIAN**, has removed to 294 Broadway, New York City. The editor of this journal desires to recommend him as a reliable and painstaking business man who may be trusted implicitly in encouraging and promoting advertising connection between respectable and responsible advertisers and the best medical journals in every section of the United States.

He has been the advertising agent of this journal for several years, and has given uniform satisfaction. We can therefore give him our unqualified indorsement, and from our personal experience we do not hesitate to assert that whoever employs him in furthering advertising interests will be faithfully and efficiently served; and that, too, without expense to themselves.

The commissions we pay him we consider investments well made, from which we derive the advantage we expect, besides saving the trouble and expense of frequent personal appeals for advertising.

TO THE EDITOR.

AN APOLOGY.

SIR:—Please permit me to make an apology to one of our most honored confreres. His friends as well as himself emphatically deny the assertion I made concerning him in my notice of Dr. Ballard. I there stated that Dr. Ballard was the student of "the late Dr. Geo. E. Shipman." How it happened, I'm sure I cannot tell, but Dr. Shipman as well as his friends declare that he is not "late," but is still "on deck," hale and hearty and actively pursuing his profession, and therefore I have inadvertently and unintentionally done him an injustice. I trust I may be forgiven this time, and I'll try and do better next.

Fraternally,

HITCHCOCK.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

JULY, 1892.

No. 7.

EDITORIAL.

THE DOCTRINE OF REFLEXES.—The medical world is at present in a most remarkable state of mental disturbance by reason of the new doctrines as to the nature and cause of disease.

One of these doctrines, the germ theory of disease, is now in the zenith of its popularity. But it is being closely pressed by another one which is attracting an immense amount of attention and which the writer of this article heard the editor of *The Medical Investigator* predict would sooner or later supersede the germ theory.

This latest theory is the Doctrine of Reflexes; or, the principle that when a terminal of a given nerve is irritated in a particular manner, the impression made is transmitted backward to the junction of one of the branches of that nerve along which it is reflected to its terminals, where it gives expression to the irritation by the production of some other pathological phenomenon of a different and unexpected character and at a considerable distance from the seat of original irritation. "Man is a bundle of reflexes," writes one distinguished teacher of this doctrine.

One of the most familiar instances of this reflex principle is

the toothache which occurs in a sound tooth at a distance from the seat of irritation which may be either a decay in another tooth or a dental abscess at its root.

Similarly we have "ciliary neuralgia" or headache as a reflex from eye-strain caused by defective accommodation of the crystalline lens.

Cases of epilepsy are reported as reflexes due to eye-strain; and the fitting of the eye with suitable glasses has caused the total disappearance of the convulsions.

Other cases of epilepsy are similarly reported which are reflexes caused by adherent foreskin to the glans penis. The operation of circumcision has completely relieved the patient. A case of this kind is reported in the *North American Practitioner* for May, page 207.

In the *Annals of Ophthalmology and Otology* for April, at page 138, is reported a remarkable case of coryza or common cold in the head due to eye-strain or defective vision. The case is thus described: "In the *Medical News* for March 12th, 1892, Dr. George M. Gould relates the striking case of a man forty-six years of age who had suffered every year, the entire winter through for eighteen years with severe cold, and who has enjoyed immunity from the distressing condition during the past two years in which he has had his refractive error corrected" by suitable lenses. Stronger lenses were, however, given that better distant vision might be obtained, but "the results were anything but satisfactory; for he caught cold the first day his stronger lenses were worn. During the three months following, the experiment of wearing the stronger lenses was repeated many times, but it was found that an hour's use always caused a return of his old-time trouble of the nose and throat, consisting of coryza, pharyngeal congestion, changed timbre of voice, etc. These symptoms always disappeared in a few hours upon a change to weaker lenses."

In the same journal, at page 106, Dr. Carl Seiler speaks of neuralgic headaches which are reflexes due to diseases of the nose such as nasal polypi, deviation of septum or hypertrophy of tissue covering the middle turbinated bone. "It is a well-

known fact," says Dr. Seiler, "that pressure upon the sensory branches of the nasal branch emanating from Meckles' ganglion, will produce pain of a neuralgic character in the other branches emanating from the same nerve centre, and thus frontal headaches and orbital neuralgias are so very commonly caused by pressure."

One of the logical results of this doctrine of reflexes is the practice of Orificial Surgery, which has made a sensation in the homœopathic school almost as great as Koch's method of treating tuberculosis has in the old school. According to the orificial philosophy nearly every ailment of the human system is a reflex caused by diseased conditions of the orifices of the body, notably the rectum. Treat these orifices and you cure the other ailments. This treatment in the case of the rectum consists principally of dilating or stretching the sphincter muscles guarding this orifice. A bivalve speculum collapsed is introduced into the rectum and then expanded and withdrawn. Thus the sphincter muscle is violently expanded. The process is indeed a species of nerve stretching, as it is apparent that the terminal filaments of the nerves in this locality are extended to the utmost by this means. Says Dr. L. G. Van Scoyoc, in *The Medical Standard* for April, 1892, in speaking of this method, "we do know that by the shocking of the nerves in the region of the lower orifices the circulation and respiration are affected as in no other way. This is shown by the stertorous respiration and the warming of the extremities during dilatation of the sphincters, or otherwise shocking or impinging upon these nerves in or about these orifices. Another and perhaps the strongest proof is that by relieving the improper tensions of the sphincters and removing all sources of irritation at these orifices, about four-fifths of all chronic diseases are cured or are made curable.

"Again it is a noticeable fact that disciples of the Orificial Philosophy have been on the alert and are still looking for a case of chronic disease in which no irritation exists at one or all the orifices named."

Dr. Pratt, the distinguished author of *Orificial Surgery*, declares that the relief obtained by its means "beggars belief." It is therefore the great panacea for everything. Accordingly we find reported by Dr. J. C. Daily, of Fort Smith, Arkansas, in *The Southern Journal of Homœopathy* for May, 1892, page 604, a case of Morphine poisoning, fifty-seven grains having been taken, in which "resuscitation was accomplished by stretching the sphincter ani with a bivalve speculum."

Many more cases might be quoted in illustration of the principle of reflexes, but this article is already too long. Enough, however, have been furnished to give the reader a medical horizon and enable him to see that each specialist in medicine considers nearly every sick condition in patients as a reflex caused by irritation in the particular organ which it is in his province to treat. Remove the irritation and the reflex ailment disappears. Thus the sufferer must go about from one specialist to another until he has met the one who strikes the particular irritation of which his complaint is the reflex.

In this scheme the idea of selecting a curative agent by the laws of the similars is completely set aside, and no allusion made to it except by Dr. L. G. Van Scoyoc, before quoted, who declares in *The Argonaut* for May, page 74, that in the treatment of hemorrhoids he uses the indicated homœopathic remedy, and that if orificial surgery is resorted to, it is with the intention of "at least laying the foundation of cure for some chronic disease that may have baffled the skill of the best therapeutics for years."

When this new theory has been before the profession a sufficient length of time for experience to accumulate as to its actual value, it will be found to be not as efficacious as at first supposed. Failures will accumulate and disasters of different kinds will happen just as is the case with other modes of forcible interference with disease processes. The homœopathist therefore should not contemplate the abandonment of his materia medica nor allow his attention to be diverted from the study of it, because of this new doctrine which now seems to carry all before it.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

BAPTISIA-TINC.^{6M}.

Cured sore throat, enlarged tonsils ; caused chilly and feverish sensations followed by sweat ; somewhat later symptoms like intermittent fever ; aches from his finger ends to his toes ; very weak, sensation of fullness in stomach ; eyes sensitive to light ; checked disposition to sweat in hot weather.

Passes water often, with scalding sensation ; bulk of urine is clear, with film on it of variegated colors after standing ; deposit of uric acid is seen after few hours in the bottom of the vessel ; the whole larynx externally is very sore ; speech and swallowing painful ; feels as if she must expectorate ; eyeballs sensitive ; could not bear much light ; soreness in right ear, and running down the neck ; *neck feels so tired that she cannot hold herself easy in any position.*

BARYTA-CARB.^{CM}.

Sore throat ; inflamed and enlarged tonsils ; cured chronic inflammation of cervical glands mostly on the right side ; had been very obstinate and resisted other treatment.

BELLADONNA^{101M}.

Given in cases of chronic conjunctivitis causes a sensation of burning in the eye, and feeling in the cheek bones as if scalded ; has often helped the severe pain in cases of hip-joint disease.

Relieved chronic enlargement of cervical glands of many years' duration. Woman, aged thirty, troubled since childhood ; glands very large ; had been treated off and on for years without benefit.

Produced rash-like scarlet-fever with severe tonsillitis, in several cases.

Swollen lips and cheeks ; pain over the eyes ; thirst ; sensation as of a swelling or lump in throat ; vomiting, soreness in region of

liver ; bowels loose ; sick and fainty very often ; can scarcely keep anything in the stomach. Feeling of great pressure at middle of sternum.

Produced symptoms of mania with disposition to violence in a case of advanced pulmonary consumption.

With difficulty *keeps any food in the stomach* ; too weak to hold his head up long ; passes water freely ; exceedingly cross ; ill-tempered ; drowsy ; but cannot get sound sleep ; bowels constipated very much ; stools dark and hard ; tongue coated white ; uneasy ; restless ; rouses up and screams ; starts and screams as if frightened ; boy, aged six ; verified in cases of other children ; sick and fainty ; vomits nearly everything ; becomes at times as white as a sheet.

Has cured vomiting often, particularly the vomiting of pregnancy.

Relieved enuresis in two weeks occurring in a boy, aged thirteen, who had been troubled since infancy.

Aching pain in all the teeth like dull toothache ; mostly on left side ; teeth feel sore to touch ; great thirst ; does not care much for food ; wants to drink, which does not satisfy ; burning sensation in pit of stomach ; water nauseates him.

BENZOIC-ACID^{11M}.

Given and curative because of excess of phosphates in the urine. A severe, aching pain in occipital region, or cerebellum, was cured in a few hours, which had confined the young man to bed for three weeks.

BORAX^{3M}.

Pain across his forehead for three days, with giddiness ; then it passed to top of his head ; giddy continually ; soreness both sides of his neck ; extending over the front of his chest ; very severe in the middle of his sternum ; cramps in the calves of leg.

BROMINE^{CM}.

Headache all week ; hammering sensation in the temples and top of the head ; aching in both knee-joints ; scanty urine ; tur-

bid, light in color; sensation of swelling in the throat; feels badly in a general way. Caused very sore throat; tonsils very red.

BRYONIA-ALB.^{108M}.

Severe pain in pit of stomach; general distress in epigastrium; bowels that were constipated more regular; nausea and general aching, with soreness in muscles.

BUFO^{45M}.

Severe sore throat; tonsils painful; swallowing at meals caused much suffering. Frequently verified.

BURSA-PASTORIS^{90M}.

Throat slightly sore; dryness of mouth; tonsillitis, tonsils swollen out even on a line with the angle of the jaw in one case; teeth sensitive when she shuts down on them; *gums spongy*; neuralgic feeling in teeth; slight ranula appeared. The girl had menstruated the week before, scantily, but it came on very profusely; she previously had amenorrhœa for some months.

Slight sore throat; hoarse in the morning; peculiar pain between the end of sternum and umbilicus, like pricking of needles.

Slight headache; pharynx sore; pain in stomach, felt generally as if he would be sick; nauseated; lips slightly sore; his finger joints hurt him greatly, as if rheumatic, and his urine burned in passing; pain in his left *shoulder*, so great that he thought his neck and shoulder would break. An abscess appeared on his finger on the tenth day; he then stopped the medicine for eighteen days; on resuming it in water, the upper portion of his throat became very sore, and the gums of upper and lower jaw on the inside felt as if full of blisters; crampish pain in stomach; toes hurt him; of course he did not know he was proving, and was made very sick.

Swelling of the throat and face on left side, mostly; *violent fever*; throat painful; oppressed breathing during the fever;

slight deafness and pain in the left ear ; free discharge of blood and mucus from the left nostril ; general bruised feeling.

CALENDULA-OFF.^{45M}.

Urine greatly diminished in quantity ; left internal ear ached severely ; piercing headache ; eyes pained him because of the headache.

CHELIDONIUM-MAJUS^{5C}.

On sixth day, vomited his breakfast, then took a chill, which confined him to bed for a day. After that took no more medicine.

CROTON-TIGLIUM^{45M}.

Vomiting ; very sore throat, felt mostly in the effort of swallowing ; constant nausea and burning sensation in stomach.

CICHORIUM-INTYBUS^{5C}.

Cured promptly two cases of hoarseness and pharyngitis ; coughed a good deal night and morning.

CALENDULA^{45M}.

Face puffy and swollen particularly under the eyes. Several provers.—Urine greatly diminished ; left ear ached internally very much ; discharge from ear ; splitting headache ; eyes pained him because of headache. Feels as if he would fall from a height when dropping asleep ; urine diminished greatly in all the provers, male and female ; less than half the usual quantity was passed.

CANCER-FLUX.^{5C}.

It pains him to turn his eyes ; giddy, nervous crawls all over his body. One prover, given every hour for a week.

CAPSICUM-ANUUM^{1M}.

Produced a most severe attack of watery diarrhœa with cramps ; neuralgic headache all over his head ; coming on every little while ; lasting but a short time ; has to shut his eyes, aggravated by light.

CARB-SULPH.^{45M}.

Pain seizes her, and comes so quickly as to cause a sudden jerk; pain begins at left elbow and runs down the left side to the foot. One prover. Only permanent symptom developed after taking medicine a week.

CAULOPHYLLUM-THAL.^{5M}.

Produces hoarseness and loss of voice; caused pain and soreness in the ovarian region, mostly on left side; bearing-down sensation; frequently cures leucorrhœa, pain across sacrum, uterine and ovarian distress. In two cases of barrenness existing for years, when the medicine had been given for a long time, both conceived and bore children. I have found it a very reliable remedy in ovarian pain and soreness.

CHAMOMILLA^{94M} (ANTHEMIS).

One prover.—Child cries day and night; nothing pacifies it; disturbs everybody in the neighborhood; neighbors on both sides come in to see "what is up;" cries all night; had given it medicine every half-hour during the day for two days; frequently cured this symptom of crying in children with Chamomilla; child cries a great deal; cross and peevish without having any other ailment; no fever; fretfulness produced in a number of children.

CHELON-GLAB. (F.)^{46M}.

Flesh was so sore it seemed as if the skin was off her elbow; other joints affected in a less degree. One prover.

CALC-CARB.^{97M}.

Frequently cured cases of marasmus in very young children with this remedy; they appear old, wasted, thin, especially those who had bronchitis without diarrhœa and without vomiting, when Sulph., Lyc., Laurocerasus, etc., did no good.

CARBOLIC-ACID^{45M}.

Promptly cured dry, scaly eczema of face, upper and lower extremities, of ten years' standing, which had resisted previous treatment of both schools.

CADMIUM-SULPH.⁵⁰.

Too frequent seminal emissions often checked by it. Not pushed as a proving.

CHINA-OFF.^{87M}.

Exceedingly nervous and sensitive, pains generally all over frequently verified the symptom of over-sensitiveness to pain or noises.

CICHORIUM-INTYBUS.⁵⁰.

Neuralgia down the side of the neck, right side mostly.

CIMICIFUGA-RAC.^{95M}.

Medicine given for three weeks every two hours caused pains all through her lower limbs, something of the character of growing pains in young persons, only a great deal worse; complete loss of appetite, *backache*, in small of back; fever every afternoon between twelve and four; menses (usually very regular) delayed three weeks, coughs at night, sleeps badly, *legs mostly affected*; heaviness in lower extremities.

CLEMATIS-VIRG.⁵⁰.

Have given this often with success in orchitis.

COFFEA-CRUDA^{70M}.

Quickly cured a case of violent hysterical convulsions in a young girl. The disease had been of long standing. Patient had been confined to room and bed for some weeks. No other remedy given.

COLLINSONIA-CAN.^{45M}.

Distress in the epigastrium; feeling of weight and pressure, with flatulency; disposition to piles.

CHLORAL-HYDRAT.^{CM}.

Caused constant urination, attended with pain and scalding sensation; nervous, irritable, and restless.

CONIUM-MACULATUM^{3M}.

Troublesome, teasing cough, no expectoration.

CAMPHOR^{80M}.

Promptly helped many times the watery diarrhœa of children, sudden nausea, with severe profuse vomiting ; inferior to Creosote in cholera infantum.

CORNUS-FLORIDA^{45M}.

Neuralgic sharp pains began on right elbow, extending to the hand and shoulder, passing down the right side and then up the left ; pain settled about the heart, causing feeling of pressure and palpitation ; couldn't use the arm because of pain and lameness, hands and feet appeared swollen, and the pains were of a darting, needle-like kind, very severe ; difficulty of passing water, no force to it. Left eye very weak, waters readily, vision appears slightly obscured ; elbows and wrist pain her, aching at the waist, as if she would break in two, to use her own language ; *sighs very often*, gagged as if she would vomit ; frequently in the morning chilly sensations come on, although she does not wish to be covered ; pains run up the whole left side of the trunk, or body, like lightning, seems as if it would give her a twist or jerk while coming on. *Sweat* just rolls down from her, chilly, warm sensation, alternating with cramps from the sides of her waist running toward the pubes, sleepy but could scarcely sleep, all night. Had to get up and look out of the window at night, she was so sleepless ; couldn't sleep in the day-time, continual slight perspiration.

CRESOTUM^{CM} (BEECHWOOD).

Produces an isolated pimply rash on the face in many provers. I have made remarkable cures in both sexes of chronic periodical headaches in frontal region, piercing pain, where welts or swellings would come on the scalp after the suffering existed some time ; not useful in congestive headaches. Small red papules about the lower part of the face and neck ; remarkably

curative in ailments of teething, particularly in hot weather ; vomiting and frequent green stools.

CUPRUM-ACET.^{45M}.

Cramp in stomach, but mostly low down toward the inguinal region, as if the parts would open, or, as if she would be torn apart. Slight headache in the temples, worse at junction of occipital with both parietal bones ; aching pain in head, and scalp sore to touch ; feels as if she had a load through the apex of both lungs.

Inner side of knees feel sore, and ankles hurts her, tongue coated with thick fur. Very disagreeable taste, bowels rather costive, which were loose ; somewhat sleepless ; aching and soreness down the outside of the left thigh and leg from the hip to the foot, right not much affected.

Sharp pains, with soreness to touch on both malar bones. Throat very sore, hurts her severely, tries to raise phlegm but gets up little, taste is like something putrid, singular feeling all over her, don't last long, can't explain it, feels as if she is moving without making any personal effort. Feels as if her back at the top of her sacrum would break, severe pain and cramp in abdomen. She is always worse in afternoon and evening and better in forenoon.

CUPRUM-MET.^{3M}.

Male prover. Backache at top of sacrum, severe griping and spasm about the region of the heart, head troubles him with a confused feeling.

CACTUS-GRAND.^{CM}.

Feeling about the heart as if it were compressed, anxiety, sighing, breathing, short breathing on the least exertion.

COBAL-T-CHLORIDE^{CM}.

Tingling sensations in the feet as if asleep, sometimes like pricking of needles ; circulation imperfect.

CAUSTICUM^{30M}.

Profuse ropy, clear discharge from vagina, pain in her left hip-joint, commenced in an instant, as if her hip was suddenly hurt, soreness to touch on the front of the forearms, but lower extremities mostly affected; symptoms of a bad cold, coughed much, then a constant sniffling discharge from the nose, eyes water a good deal, light and heat of the fire hurt her eyes, feels sometimes as if there was excessive heat in her forehead. *Coughed so much* she thinks it affected her bowels, made them sore, cough strains her whole body.

Cured a large syphilitic (?) ulcer on scrotum, throat became sore, appetite diminished. Complained of constant coldness, and had shivering sensations while taking the remedy. Severe pain at each parietal protuberance, with repetition of general symptoms mentioned in paragraph above.

Given to a prover, relieved obstinate constipation, bowels now move more regularly and almost daily.

CIMICIFUGA-RAC.^{95M}.

Relieved pains in abdomen, uterus, and distress about the heart, also severe bearing-down sensation, occurring in a pregnant woman who had been suffering a long time.

CARB-VEG.^{76M}.

Caused watery diarrhoea, with griping on fourth day, and lasted three days; acute pain from right shoulder to elbow, extremity quite lame.

Slight urethritis in the male. Lacks sufficient confirmation to be sure of this.

CINA^{12C}.

Violent coughing, lasting a great part of the night, as if she should strangle; lacking confirmation, but believed to be reliable because a similar cough has been often relieved by this remedy.

CAMPHOR^{80M}.

Hemorrhage from the nose, occurring once a day or oftener ; difficult to check, weakens him very much, never troubled so before ; verified this often in many provers of Camphor. It is one of the most effective remedies in persistent nose-bleeding.

CUPRI-ACETAS^{45M}.

Cured an old case of scrofulous ophthalmia in a child when other remedies failed. This I have often verified.

COCHLEARIA-ARM.^{10M}.

Profuse painless diarrhœa, not sick with it, hungry feeling, unnatural craving for food.

COPAIBA^{CM}.

Given in water every two hours produced after several days symptoms of strangury in a male ; caused burning sensation in pharynx and tickling cough without expectoration.

DIGITALIS-PURPUREA^{CM}.

Produced throbbing in every part of the body when touched ; free diarrhœa ; choking when he tries to swallow ; thirst ; great weakness in chest ; constant disposition to void urine ; does not wish to use his voice, because of feeling of exhaustion in chest.

DIGITALIS^{CM}.

He coughs constantly at night, three hours at a time, as he states.

Many provers say they cough a great deal day and night ; raise phlegm ; never did cough so before.

DRACONTIUM-FETIDUM^{10M}.

Cured severe aching pain in her *left* shoulder, constant belching and rumbling of wind in abdomen. The peculiar noise in

the abdomen was like the gurgling of water, and could be heard over the room.

DOLICHOS-PRURIENS^{2C}.

Head feels as if it would separate, it pains so, aching through the apices of both lungs, bruised pain in left inguinal region, soreness below the umbilicus.

The prover, a child with spinal curvature, had been subject to severe intestinal colic, occurring every few weeks, and which began five years ago; cure of colic was permanent and complete. The other symptoms developed were not recorded, because not confirmed by further provings.

DORYPHORA-DECEMLINEATA^{45M}.

Soreness in and oppression of the chest; inflamed throat.

EUPATORIUM-PERFOLIATUM^{CM}.

Oppression at the middle of the sternum; feels as if something was pressing against his heart; palpitation; pains her to get and take a full breath; chest oppressed; symptoms of bronchitis; sharp pain in the eyes as if needles were being inserted; attacks of chills in the morning, no fever, unable to get warm, so chilly; eyes not inflamed; throat dry; becomes at times hoarse and loses her voice; oppression in chest very great; sharp burning pain in the feet; could not keep her shoes on sometimes while pain in feet lasted; feet seemed swollen; frequent short, dry cough; sharp pain in left ankle, hip, and shoulder, come on instantly and go away as quickly; weak and sick.

Hoarseness.—Prover, aged forty-five, general muscular soreness, worse in left ankle, left hip, left shoulder; *hoarseness* very great, can hardly talk; loses his voice; the trouble has passed down into his chest; hoarseness is greatest in the morning when he gets up; sudden violent contraction of the muscles of the right cheek; symptoms confirmed as to hoarseness and chest distress.

ERIGERON-CAN.^{45M.}

Checked uterine hemorrhages of long duration when other remedies did no good. This I have verified many times. Turpentine high has about the same effect.

ERECTHITES-HIERACIFOLIA^{10M.}

Stitches in the middle of the back ; cold feeling in the back and legs.

Pain and soreness across the lumbar region.

Sore throat ; legs feel stiff and painful, and aching across the small of her back.

EUPION^{45M.}

Region of stomach felt internally sore and distended ; not external soreness ; pains under both short ribs.

EUONYMUS-ATROP.^{10M.}

Urine increased ; passes a great quantity at a time.

ETHER-SULPHURIC^{6C.}

Remarkable effect in quickly curing severe neuralgia of the head in a woman aged sixty ; been confined to bed weeks with it ; had raised welts or swellings on scalp like ridges, accompanying the pain.

EUPATORIUM-PERF.^{CM.}

Sharp pain through the right chest when he breathes deeply ; feels at night as if he was going out of his mind ; disturbed breathing frightens him ; effect of the medicine after a week.

FERRUM-MET.^{80M.}

Believed to control hemorrhages in one disposed to consumption ; had slight bleedings every week or two, but ceased entirely on exhibition of the remedy.

Nausea ; vomited daily for three days after taking the medicine , never did so before ; stopped the proving.

Rash like measles in a woman aged thirty-seven ; hands felt as if she couldn't shut them because of a swollen sensation.

Controlled or stopped slight hemorrhages from the lungs and daily spitting of blood in young girl.

FERRI-CARB.^{50M}.

Child aged seven years, four days' proving. Face suddenly red and purple, then pale ; rest of body cold ; extremities affected in a similar manner, alternating with slight fever and chilliness ; changes are very rapid ; stopped the medicine ; have verified this in other provers.

FILIX-MAS.^{1M}.

Lost his appetite ; if he eats anything he is inclined to reject it soon after being swallowed ; giddiness.

FORMICA-RUFA^{45M}.

Pains down the anterior surface of both arms ; worse about the elbow, as if bruised ; felt as if she was going to smother ; throat very sore ; eyes and head very much affected ; difficult to think or use her eyes well ; chest internally felt badly from the nipples upwards ; as if she would raise a quantity of mucus ; sensation as if she would have quinsy ; left side of throat worse than right · cough very troublesome ; cough strains her ; it is so severe and constant.

Lower extremities felt as if she had no power in them ; sore and tired sensation across the abdomen below the navel, as if bruised ; tired feeling in the back ; felt slightly giddy.

FLUORIC-ACID^{45M}.

Pain in eyeballs ; hacking cough ; sharp pain through temples.

GINSENG^{40M}.

Soreness across his abdomen ; severe pain on either side of the top of the head, which caused him to shut his eyes ; ringing in his ears ; hiccougging all day, off and on.

Sneezing ; blowing his nose ; became hoarse coughing ; sensation of cold in chest ; sharp pain in lungs, bowels loose, gripping pain in abdomen.

GUAIACUM^{5C}.

Violent fever ; her face became spotted, red blotches ; eyes, nose, and cheeks have swollen appearance ; tight, dry cough, muscles and joints of extremities sensitive.

GLANDERINE^{12C}.

Feet feel sore and tired ; pains her every step she takes, particularly on the soles of her feet ; right arm very sensitive ; anterior surface of the elbow sore to touch ; no nose or throat symptoms developed that were prominent.

GUMMI-GUTTI.

Left ear ringing constantly ; sometimes hissing sensation, as of blowing off steam ; right ear slightly affected.

GELSEMIUM-SEMPER.^{CM}.

Her thighs were sore and sensitive to the touch ; left more sensitive than the right ; pains were all relieved when in a perspiration.

This remedy cured the prover in three weeks. She had wry neck and was almost paralyzed ; worse on left side ; head drawn to the left side ; inability to move the thighs but little ; unable to get her hands to her head ; had been in this way for several months ; the subject of regular treatment for nearly a year previous to taking Gelsemium. Symptoms of another prover—eyes water, and inflamed ; coughs a good deal during the night ; left ear discharged a little ; had not previously done so ; caused very loose bowels ; prover a weak, nervous woman, with glaucoma.

GETTYSBURG SPRING WATER^{45M}.

Bowels that were regular, now costive.

Another, bowels now loose, three to four times a day, that were costive; hoarse, dry cough, as if from a scraped condition of throat. This is the language of the prover.

Pains in both shoulders and left knee; seminal emissions.

Urine profuse.

Sleepy and drowsy during the day.

A good deal of pain in upper left chest in front; pains her when she takes a deep breath.

Verified over and over again its good effect in muddy urine excess of urates, in frequent urination, in hip-joint disease, and rheumatic gout.

GRAPHITES^{CM}.

Curative in provers with tinea tarsi.

Improved dimness of sight, caused by unhealthy secretion about eyelids.

HAMAMELIS-VIRG.^{10M}.

Knocking, hammering sensation over left eye; throbbing sensation within the head; flushed face; inability to think well.

HYPERICUM-PERFOL.^{45M}.

Child nauseated; complains of great pain in stomach; sick whenever it eats; bowels loose, two to three times daily. Cured a prover having articular rheumatism (knees mostly) with great effusion around the joint, and muddy urine, which, in a few hours, looked like the settlings of beer.

Caused severe pain in the last phalanges of the fingers, mostly thumb, fore, and little finger. Constant eructations night as well as day. Verified frequently its curative action in articular rheumatism and pains, affecting small joints. Sores inside the nose, itchy, continually picking it. This symptom was noticed in many provers. Cured eructations, caused severe cholera morbus on the third day, which continued several days. Styte on lower left eyelid, muscles sore, bruised feeling. When she took her shoes off found her

feet *much swollen*, urine greatly diminished in amount, remained so for three days after stopping medicine. *Fearful sharp pain in knees, could hardly touch them* (symptoms after two weeks, medicine eight times a day). This was the most prominent symptom. Next in importance was his head trouble—dull pain; pains shoot through his fingers as if they were becoming sore.

Another prover, rheumatic woman, never passed so much water in her life, had to get up five or six times in night; great quantities at a time. Gave her relief from rheumatism.

HELLEBORE^{CM}.

Pain within the chest under the left nipple, general muscular soreness, forced her menses on before the time, had to get up at night to pass urine.

Another prover—cured painful straining, constant desire to pass water with burning; don't need to get up at night to pass it as formerly, cured that symptom.

Scanty urine in one prover, where the secretion has been free.

HEPAR-SULPH.^{CM}.

Did no good given alone in a case of real croup, with some sore throat *Spongia*^{2C} afterward quickly cured the case. Verified this action of *Spongia* often; partial loss of voice existed in these cases.

HYDROPHOBINUM^{1M}.

Fever, no chill, pulse continuously rapid, no appetite, thirst, very sleepy, constant desire for cold drinks, which are swallowed without difficulty.

HYOSCYAMUS^{CM}.

Cured permanently a child which would sob and cry a great deal at night in her sleep without awaking; chronic symptom, slight ague like chill every other day at eleven o'clock, with fever and sweat. In several provers caused *stupefying headache* continuously, cannot bear the least noise or to be talked to, eyes sensitive to light.

IODINE^{17M}.

Nose discharges clear mucus ; considerable fever, no appetite ; hot, dry skin all day long, creepy sensation, face fiery-red, pain in occiput and temples, teeth sticky with adhesive saliva. Promptly curative in the marasmus of a child thirteen months old, who had with it a moist eczema about the anus and inside of thighs, and aphthæ. Creosote was given later in case there was a disposition to diarrhœa.

SOME CASES OF PHTHISIS PULMONUM.

DR. EMIL SCHLEGEL.

[Allg. Hom. Zeit. 19 and 20, 1890.]

During 1876, one of my acquaintances, thirty-six years old, had several times hæmoptæ, and all the characteristic symptoms of pityriasis versicolor, aphonia, and other symptoms. Discharged as incurable from the hospital, he was transferred to the home for consumptives, where he was homœopathically treated, without the least benefit. He read in a newspaper an advertisement looking for an expert in examining and rectifying the books of a large manufacturing establishment. He accepted the post from sheer despair, and started on his mission, and was soon installed in a lone, dilapidated house, half a mile from the village. The office had a stove, but his bed-room was cold, the windows broken, and the wind blew in from all sides. His regular food consisted of milk, eggs, and bread, as nothing else could be had from the village, and water was plenty all around him. He took some cod-liver oil morning and evening. Still, he went to work, though hardly able to stand up, and often, having no companion, the day passed without much speaking. Gradually his strength and appetite increased, and with them a confidence in recovery. Being night and day exposed to fresh air, his chest felt relieved, cough ceased, the voice returned, and when spring came he felt as well as ever. Such a simple mode of living sufficed to create and strengthen the reactive power, and enabled it to banish the demon of phthisis.

A young man of twenty-two years was attacked with hæmop-

tæ, pleuritic stitches, which left him after three weeks with dyspnœa and copious expectoration; emaciation not yet marked, on the left apex dullness, and moist râles. July 2d, Calcarea-carb.³⁰, five powders, to take one every fourth evening. August 3d, by letter: Hardly any cough; feels better; no dyspnœa, nor any expectoration; left eye inflamed; had ophthalmia four years ago; treated by mercurial inunctions. Calcarea brought out again that inflammation, but also a fluent coryza, severe toothache in upper and lower jaw. Belladonna; after two days, Sulphur³⁰. December 13th, reports himself well, able to work; the old foot-sweat, which had been suppressed, returned; fauces still injected. Left apex still dull, and breathing not clear. As a constitutional remedy, Thuja, one dose. Since then well. Many such cures Schlegel made during the last twelve years with high potencies (30 and 200), and according to individual indications, he uses most frequently Arsenicum, Belladonna, Bryonia, Calc.-carb., and Hepar, Kali-carb., Kreasot., Phosphor., Sulphur, more rarely Drosera or Stannum.

The rules recommended to consumptives in general are: (1) the patient must be up and dressed the whole day. After dinner (twelve noon) he may keep his siesta. Persons still able or forced to work ought to lie down whenever possible, and on Sundays for several hours; (2) once a week sponging the whole body with tepid water, followed by a thorough rubbing down, and then anointing chest and back with some oily substance, which may be repeated once more during the week. The sponging ought to be done on that day when the patient feels best. Full baths are forbidden. The windows ought to be partially open day and night, particularly the sleeping apartments. Gin-mills and beer-houses ought never to be visited. Wine, beer, and cider are not advisable, or ought to be used only in very small quantities. The patient ought to live on farinaceous food, butter, and bread, leguminosæ, milk, and one or two eggs, daily. Potatoes, roots, fruit are allowable; sugar and fat are highly recommended; salads off and on. The feet ought to be kept warm.

When high-livers descend to such a diet, and stick to it, improvement will follow, when added to it the full use of fresh

air and moderate inunctions with fats. Just such a diet, and no other, rouses their vital power, and gives it strength to resist the encroachment of the enemy, and when the necessary medicinal treatment, especially constitutional, is added to it, our prognosis is not any more so ominous.

A few more cases: A tailor, thirty years old, suffered for several months from cough and expectoration, emaciation, chronic hoarseness, diffuse pulmonary symptoms, without much dullness, and night-sweats. After regulating his diet and mode of life (this is always the first requisite, *sine qua non*), he received Phellandrium³, glob., thrice daily, five, which he took regularly for six months, when he could be considered able to follow his trade. Numerous ancient physicians praise Phellandrium in pulmonary phthisis, and in many chronic bronchial affections (*Allen's Handbook*, 846), bronchitis, and emphysema, with rapid respiration; cough compels him to sit up^d day and night, with sleeplessness; ulcers on the legs, with tearing, sticking pains. Valuable for the extremely offensive expectoration in the last stage of phthisis. Farrington gives the same indication. Hughes (706) mentions its ancient use for chronic suppurations in the lungs and elsewhere, and stitching pains in the mammae. Lillenthal, *Therapeutics*, 863: right lung chiefly affected; cavity, with hissing sound on breathing and horribly offensive expectoration; continuous cough, profuse sweat, diarrhoea, vomiting of food, excessive prostration, and emaciation. Hering (*Guiding Symptoms*, viii), finds it adapted to persons of a feeble, irritable, lymphatic constitution, with weak and defective reaction, and recommends it for bronchial catarrh, where tuberculization is suspected; incessant, persistent cough, excited by a tickling in trachea, and all the other symptoms already mentioned. If only our German brethren would study our American literature, they could unearth many a good hint which now escapes them.

A mason of twenty-nine years was exposed to cold and suffered the penalty. After the usual failure of routine treatment Schlegel found small vesicular râles and weak respiration. Strict phthisical diet. Phosphor³⁰, followed by Calcarea³⁰ saved him yet, so as to attend to business.

A lady teacher, twenty-four years old, pale and delicate, suffered four weeks ago from pleuro-pneumonia. She is now very emaciated, dyspnoea, dry cough, great lassitude, appetite fair, menses regular. Great dullness of right chest up to the clavicle, back to the spina scapulæ, bronchial breathing, moist râles. Antimonium-arsenicum^{3d}, which, recommended by several physicians, has been verified for the absorption of right-sided copious exudations, and it acted well in that direction, so that she could be put on Phallandrium and finally on Calcareo-phosphorica, a great antichlorotic remedy in blonde women.

Schlegel gives us some more cases, but he puts the chief momentum on the diet, and now we stand in full accord with Jousset, who strictly forbids all animal food and would rather do without any stimulants. No wonder that phthisis-pulmonalis has been so far unsuccessfully treated as long as we stuff our patient with meat and poultry, though it goes against them, and the patient forces it down because the doctor insists upon it. Schlegel shows in the first case what simple food—milk, eggs, bread and a constant sojourn in the fresh air—will do even in desperate cases, and our chief object ought not to be to treat this or that symptom, but to rouse up the flagging *vis medicatrix nature*, and thus enable her to throw off the incubus. Brown-Séquard relates in a late French journal that he relieved and even cured many a case of incipient phthisis by his rejuvenator (he uses now more frequently the testicle of a horse), and thus by giving new strength, the morbid agent is thrown off and the suffering organ relieved. According to all reports Koch's fluid acts in the same manner, while at any rate no poison acts in Brown-Séquard's treatment. We all look forward with great expectation, and still we think that Jousset and Schlegel are on the right road and that the physicians of all schools have to forget the false teachings of their masters and return to the simple diet, fresh air, and sensible exercise to cure their cases. Medication need not be neglected, but it becomes of secondary consideration, and we must not expect much benefit therefrom if we neglect the sanitary and dietary measures so necessary to the patient's welfare.

S. L.

FRACTURE OF THE FEMUR—AN APPEAL.

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(Bureau of Surgery, I. H. A.)

Fracture of the femur, though not uncommon, is not as common as fracture of the tibia, humerus, radius, or ulna. But it is a more serious accident than either of the other fractures mentioned—at least in respect of easy and nice adjustment. Contrary to the rule, with the long bones, the femur is most often broken at the upper end of its middle third; next in order at the neck and without the capsule; least often in its lowest third. No age is exempt, but persons between the ages of fifty and eighty are more likely to sustain the injury, the reparative power diminishing as age advances after fifty; being in healthy subjects at its maximum at forty or forty-five years. Children between five and fifteen years recover soonest, and with the likelihood of less deformity. Force applied perpendicular to the long axis of the shaft generally produces fracture at the middle third. A fall from considerable height landing on the knees or feet, generally results in a fracture through the condyles, vertically, or in the fracture of the neck.

Surgeon Hamilton, in his work on *Fractures and Dislocations*, cites one hundred and fifty-six fractures of the femur, not including gunshot, of which sixty-three belong to the upper third; sixty-seven to the middle third, and twenty-six to the lower third. Fractures of the neck of femur are more common among people above seventy, though occasionally fracture happens to persons much younger. Epiphyseal separation is the most common kind among children.

Females seem to be more prone to fractures of the neck of femur than males; probably because they usually fall on ice or slippery pavements, striking on the buttocks heavily, or on the trochanters. Rarely fractures of the femur are caused by undue muscular action. Instances are recorded of such fracture occurring in bed, but generally among the aged.

Of the several varieties of femoral fracture, simple, transverse, compound, or comminuted, each has its characteristics to be considered and treated according to its peculiarities and the tact of the surgeon. But there are at least four steps to be taken at all times and on every occasion in order to insure success—they are :

The diagnosis.

The reduction and apposition of the broken bone.

The confinement and fixity of limb.

Counter extension.

It is often necessary to anesthetize the patient in order to successfully diagnose the case and reduce the fracture, and this is particularly true if the patient be very fat, or muscular, or nervous, and the fracture be at the neck of femur.

It is not enough to know that the patient had a fall or blow in this or that direction; preternatural mobility, deformity, shortening, crepitus, pain, and swelling; but one needs to recognize the *location* and *kind* of fracture, whether simple, comminuted, transverse, or oblique. The surgeon needs coolness, caution, good tactile qualities, and no haste.

The patient ought not to lie on anything more flexible than a thick, well-stuffed hair, husk, or cotton mattress. If the bed be wide, he or she should be brought well to the front of the bed. For convenience, comfort, and safety to the patient and limb, the bed should be provided with a trap for purposes of defecation and urination. The hips should be level and kept so, and the shoulders may be raised at time of reduction to an angle of forty-five degrees. All should be made ready for reduction before anesthesia.

REDUCTION.

Wash the limb, and if the surgeon chooses to make necessary extension by means of adhesive strips applied to leg, shave the leg of all hair and apply the strips, securing them by a roller or by other strips passed about the limb. A better way is to apply a plaster of Paris bandage to the leg from toes to knee, weaving in some strong webbing about an inch wide, down the

sides of the leg ; for this makes the best extending appliance—though a soft shoe worn by the patient, or a stiff buckskin upper—may be substituted.

Next, an upper and posterior Ahl's or Levis's femoral splint should be applied over the seat of fracture, always excepting fracture of the neck of femur. These splints should be padded with clean white sheet-wadding, or absorbent cotton, or soft flannel. Now straighten the limb its full length until the internal malleoli meet, centre to centre ; they touching a line drawn from centre of manubrium through the symphysis pubis downward. Adjust the fractured ends ; and if the fracture be compound, leave an opening sufficiently large for inspection and drainage, and dressing. First, confine the splints to thigh, by means of adhesive plaster passed around the entire limb over the splints, confining them snugly to the same. Over the splints, apply a roller from knee to the gluteal crease, or as near that point as is possible. I often apply over the splints a russet leather buckskin-lined case, having from four to five billets and buckles, so that the case can be readily tightened as the swelling of limb diminishes. At the outer and upward end of this case, a ring should be attached, from which extension upward may be made.

The next step to be taken is to place the entire limb on a mattress about one and a half inches thick ; as long as the entire limb, wedge-shaped, wide as the greatest diameter of the thigh at the upper end, and about four inches wide immediately under the ankle. This mattress should rest on a splint of board about one-half inch thick and long enough to reach from the crest of ilium to the heel of fractured limb, and a little beyond. This bed splint should have a side piece of nearly the same length, five inches wide—more or less—according to diameter of thigh, and three, or less inches wide at the lower end. This should be three-eighths or one-half inch thick, and screwed to the edge of bed splint—the width of this splint should be calculated from the surface of the mattress, before mentioned. The limb may be tied to this splint at two points above and two points below the knee, to keep it in position. Counter extension from the webbing woven into the plaster of Paris or starched ban-

dage, may be made on a line corresponding with the centre of the limb in its long axis, and should be made over a pulley. A bag of sand or any other weight as convenient, should be maintained daily, for at least six weeks; but after the third week the weight may be taken off a few minutes at a time, twice daily, to rest the patient. From five to ten pounds or even twelve pounds may be used, according to age and strength of patient. I have mentioned the "plaster of Paris" bandage as the best that can be used from which to make extension. But, it occasionally transpires that erysipelatic inflammation of the entire limb occurs, hazardous to the patient, perplexing to the surgeon, preventing any compression of the limb by adhesive plaster or other bandaging. I have had several such cases, not only of fracture of the femur, but of the tibia, that could be managed only by putting the limb in a fracture-box, packing it with baked sifted pine sawdust—the best packing out—but the skin may be protected from the sawdust by first laying upon it thoroughly boiled and sterilized cheese cloth. Afterward, counter extension may be made partly from dorsum of foot and heel, and the bottom of fracture-box; superior extension, by a broad but soft perineal bandage.

The length of time requisite to safe and complete union, varies from six to ten weeks, according to age and general condition of patient.

An oblique, or comminuted fracture requires more care, more time as a rule.

Formerly, in the application of splints, it was deemed absolutely requisite, to get the splints long enough to occupy the entire space between the condyles, and to press against them. Now it is not demanded. Indeed, in most cases, such practice would give rise to much irritation and inflammation of skin; while in fracture extending into the knee-joint, it would be positively injurious and risky.

REMARKS ON SPECIAL CASES.

In caring for fracture of neck of femur within or without the capsular ligament, the mattress on which the patient rests should be supported on two or three matched boards, battened

at each end. One of the neatest fracture and general use beds is the Miller: one long, straight, well-padded splint, reaching from the axilla to some four inches beyond sole of feet to steady body and limb, with some bags placed at such points as are necessary to keep the limb in place, and prevent undue rotation are, with the requisite bandaging and counter-extension, enough. Aged and infirm persons ought not to be subjected to the worry, irritation, and trouble of confinement in splints.

Sir Ashley Cooper's instruction on this point is most valuable:

"Place the patient on an easy unyielding bed; draw the knee well up and place a pillow under it; let him rest until all pain, heat and swelling entirely disappear, and he can get about on crutches. False joint may follow; let it."

Oblique or comminuted fracture at or near centre of the shaft, requires mainly—after reduction—sufficient counter extension, and after the heat, swelling and pain abate as close compression of the limb at point of fracture as good circulation will admit of.

Fracture of femur extending into the knee is best managed by placing the limb on a well-padded Day or Amesbury splint. If the condyles be split, quite large but not hard pads should be placed each side of the tuberosities, and kept snugly in place by a few turns of woolen roller.

Compound fracture should be treated in the ordinary manner, but with a view to aseptic dressing, drainage, etc.

Let it be borne in mind—and the patient should be informed of this—that under the best of management, shortening of the limb is likely to occur to a greater or less extent. This is emphatically true of comminuted and oblique fracture of the shaft, the shortening ranging from three-eighths to two and one-half inches. Strong muscular men are most likely to have such shortening and deformity; children least likely to. Among the reasons explanatory of this are: non-union, preternatural softness or too rapid absorption of the provisional callus; endo-ossic inflammation; hemorrhage into the Haversian canals; too early use of limb; unusual muscular contraction, especially during sleep; carelessness of patient or practitioner.

As a rule a liberal regimen is admissible, but not too amylicious.

Much litigation, much loss of prestige to the surgeon has followed the treatment of several varieties of femoral fracture. Many surgeons have been subjected to loss of fee or to expensive suits at law, and heavily "mulcted," through their own ignorance or carelessness, or on account of public ignorance and misconception of the nature of fracture and the surgeon's responsibility. There is also a great amount of moral obliquity shown by many of the surgeons of the old school, when summoned as witnesses against members of the homœopathic fraternity; some going so far as to say: "They know nothing of anatomy, surgery, etc.; anything to cripple a follower of Hahnemann. If surgeons of our school are needed, and we practically admit they are, by stoutly indorsing resolutions second and third of the late Declaration of Principles, and by establishing for this association a Bureau of Surgery, then it is of equal importance to sustain them, and it. Most of our practitioners are educated in the department of Anatomy and Surgery, and thus qualified to know and defend good surgery and good surgeons. We who have experiences in these matters, know that the pain of injuries, the pain after operations, symptomatic fever, exhaustion after hemorrhage, inflammatory conditions, the neuralgia of diseased ovaries and of the womb, or of diseased testicles, cord, prostate, etc., and suppurative processes terminating in abscess, are generally, wonderfully controlled by the indicated and dynamized remedy. We are not afraid to challenge comparison with the best old-school therapeuticians in this respect. We do not, however, claim superiority as *operators*; that would be too much; though in this respect—with becoming modesty—we trust our best surgeons are not far behind. If any are somewhat curious to learn about what is the average of old-school treatment of surgical cases, we would cite the reports on pages 100 to 106 of the May number of *International Journal of Surgery*—1891. "A case of Cæsarean Section; another of Cholecystectomy." In the first case, it is a wonder the patient recovered; in the second case it is no wonder she died. To rescue humanity from such haz-

ardous treatment and present the advantage of pure Homœopathy, in surgical cases, is part of our mission. If in this you agree with me, let me *urge you* to stand by the Bureau of Surgery, making its interest your own. Supply it with clinical reports and listen to its papers. Moreover, as far as it be possible, send or otherwise furnish those of your number who by reason of special study, of operative tact, and outfit are prepared to operate such cases as coming under your control or advice can be prevented from passing into old-school hands. In my humble estimation, a serious fault of our practitioners is: they incline to neglect surgery, and thus cripple their own usefulness, and limit the spread of our ideas. Outside the cities, there is a paucity of homœopathic surgeons. Every county ought to have at least three good surgeons, who would agree to assist each other. This would strengthen our cause, and greatly increase its popularity.

IS THE INDICATED REMEDY AN ALL-SUFFICIENT?

W. R. BENTLEY, M. D., MORRISTOWN, INDIANA.

(Read before Indiana Institute May, 1892.)

Wishing to throw in my mite along with others in favor of Homœopathy and the interest of our present session, I have concluded to report a few cases in confirmation of above.

CASE I.—On July 13th, 1888, there came to my office a small, pale, emaciated, lame boy using crutches, as left foot could not be used owing to intense suffering.

He gave his name as Charles S——, aged twelve. The trouble appeared to be in the left hip, accompanied with intense pain in knee just beneath the patella.

History.—Mother died young with consumption; father living. When small, whilst playing with his father, riding on his back whilst his father would crawl on all fours, he fell off, hurting his left hip. Not much attention was given to it at the time, but as he grew older he was lame in this joint. For last two years has pain in left hip when receiving a jar.

Last year it began to pain him when walking or running. He says the pain was in the knee, just beneath the patella.

Last of May (1888) commenced to grow worse in left hip ; it would give out or break down ; pain dead in character, worse on motion, better from rest. Would have to put his hand on his knee to support himself or catch hold of something for support.

Present Condition.—Objective, pale ; tired look ; emaciated. Physical examination of limb revealed it smaller, apparently shortening ; the limb was adducted ; the toes of left foot resting on right ; marked prominence of left hip as if dislocated ; pressure around joint caused a dead aching referred to knee as well as to hip. Lordosis marked, disappearing on raising foot.

Touch caused spasmodic twitching of limb ; pressure on inner side of knee between patella and joint caused dead aching in knee as well as hip. Subjective ; pain heavy, dead aching in hip and also knee ; compared to electricity playing between knee and hip ; did not feel between knee and hip, but in knee and hip ; worse on motion even of toes ; worse from midnight until ten o'clock A. M. ; then felt easier until three or four P. M. ; worse windy, cold or rainy weather.

Would sleep until one A. M., then wake up, hip paining and feeling cold, also leg and foot. This coldness would last until he would get up and warm the limb by the fire ; even in warm nights must get up and go to the fire and warm these parts.

He says limb jerks and feels like a knife were cutting along posterior part of thigh.

Leaders (flexors) won't go down ; feel like hard cords. When felt they were jerking ; adductors drawing the leg inward. Moving the limb feels like cutting the leg nearly off about hip. When he wakes up now the knee feels so stiff can hardly bend it. Has to bend it by degrees. All worse in after part of night.

In the morning aching deep in hip joint and knee, more especially knee. On trying to move it has to bend it by degrees, then jerk it right back to get relief. This has to be repeated frequently before he can bend the knee.

When he sits down it gets stiff and he has to move leg though it increases the pain.

Appetite, fair ; bowels, fair condition ; kidneys, about nor-

mal ; sleeps good until midnight or one A. M., then suffers with pain and coldness.

Let the pathologist name the disease, but, as a Hahnemannian, I gave Rhus-tox.^{1M} with decided relief, after first night, until August 8th, when my record shows this :

Pains more than for some time ; pains at times severe ; sharp aching pains ; like needles sticking in hip and knee ; sometimes in the leg. Most pain in knee right under patella, inner side. These pains come on just after sitting down, after moving. Last about five minutes ; leave gradually.

Knee feels cold ; wants it rubbed ; not too hard. Does not dare to bear hard on knee cap.

Knee not so stiff as it was ; can bend all at once, whilst formerly had to bend by degrees ; twitching gone ; jerking gone unless he hurts it. Last two mornings some desire to go to the fire to warm himself ; cold over body ; sleeping better ; soreness in knee and hip in morning ; bowels normal ; appetite better.

Physical Examination.—Left limb seems to be two inches shorter than right, but measurement reveals no difference in length from anterior superior spinous process to internal malleolus. Shortening due to adduction and tilting up of hip and illeum. Lordosis marked, when he places the left foot down on floor flat has to bend right knee. Hip tender to pressure just above great trochanter, veins not so prominent as on first examination. Knee tender to touch at inner side of patella. Locates a spot here which is very tender and sore. Rhus-tox.^{1M}, as it had been worse just before a few days of wet weather.

Improvement continued uninterruptedly until in October, when he contracted the measles, but after getting over them still convalesced, until he dispensed with his crutches in January, using a cane to assist him in walking. By this time the adduction had given way to normal, except foot slightly turned out and a slight degree of shortening. Some pain yet in hip-joint, and a pointing as if it would break and run ; knee seemed all right ; limb increasing in size ; boy feeling better every way. Owing to tendency to suppurate, I gave three powders of Hepar^{3x}, being highest I had at that time. This relieved ten-

dency to suppuration, and it did not open for about eight months, when it broke and discharged pus in small quantity for about one month, then healed and remains to this day. The limb is shortened about one and one-half or two inches.

This patient had been treated by an allopath, using Morphine and other anodynes, both internally and externally, yet Rhus^{LM} stopped all the pain, gave sleep, removed condition causing sickness, put the boy on road to recovery, and Hepar finished the work. To-day he is a trusted agent on C. H. & D. R. R.

CASE II.—Mr. Z. P., aged fifty-five, farmer, married, medium stature, black hair and eyes, fair skin.

December 22d, 1890, the above-named individual visited me, wanting treatment for a large sore on the dorsal surface of right hand.

History.—Four years ago there appeared on right dorsal surface, between second and third metacarpal, about one-half way between carpus and phalanges, a small, dry, whitish, scaly place. Dry scale came off, leaving a denuded surface, which has grown until at present about as large as a nickel five-cent piece. Circular in form.

Objective.—Edges or circumference elevated, whitish in color, hard to feel or touch; seemed to be of a hard, scaly nature. Centre has a papillary or granulated appearance, similar to a wart; darkish in color; movable by placing finger on top and shaking it.

Between this centre and outside raised zone a space, denuded, eaten below normal cutaneous surface; red and fiery, showing granular appearance from which exudes a pus-like discharge.

The external zone or raised ring was surrounded by a red inflamed zone about one inch wide. No particular pain on pressing on any part.

Subjective.—At times, especially evenings, a sharp, lancinating twinge frequently felt; worse in cold weather; lymphatics not inflamed. Has a rheumatic pain in right shoulder; worse at night; at times cannot lie on that side. Frequent urination for some years; has to urinate about twice during night; no pain, but sudden desire and trouble to retain longer; not sure of

quantity; dull pain across loins and small of back. This combination, together with appearance of ulcer, gave me trouble in selection of remedy, so gave Sac.-lac., and promised to send medicine by mail. Hull's Jahr, under Kali-bich., gave a good description of ulcer and Hering's symptoms of same remedy covered remainder. I gave Kali-bich.^{20c}, three powders, and Sac.-lac.

January 6th, 1891.—Reports feeling better; rheumatic pains in shoulder gone. Ulcer looking better; urinary symptoms better. Greater part of time has only to urinate once during night.

The hard raised ring surrounding ulcer at first examination is gone from two-thirds of circumference whilst remaining less raised and hard. Red zone, smaller and less inflamed. Centre covered with a dark, brownish scab, except right in centre, which has small, hard horny appearance, but not so large as when first seen. Looks better every way. Measurement three-quarter inch longest, five-eighth shortest diameters. Less of lancinating pains. Gave Sac.-lac.

January 27th.—External raised ring gone; still dark brownish scab, but smaller; measurement five-eighth inch longest, half inch shortest diameters. Looks and feels better. Lancinating pains gone. Urinary symptoms better. Ulcer maturing. Sac.-lac.

February 12th.—Ulcer covered with a brownish scab; measurements about same; urinary symptoms better; can retain urine without any trouble. As a stand-still in ulcer seemed to exist and no new or contrary indications, gave four powders Kali-bich.^{20c} and Sac.-lac.

Under this, steady improvement until in June, when ulcer completely healed. Saw patient a few days since, when all that could be seen was a slight discoloration remaining.

Considering that two or three allopathic physicians had failed and various other means were not efficient, we are rejoiced to see the silent force work so great a revolution.

CASE III.—Mrs. J. B., aged eighty-four, widow. April 30th, 1892, little granddaughter came to office stating grandma

would like me to come over to see her. On entering the room she stated she had been coughing up blood. Asking her if she had preserved it she directed me to look on ground just outside of veranda. To my surprise I beheld a large amount of bright red blood partially clotted.

Returning to room and trying to get symptoms, I found first had been coughed before daybreak, repeated at intervals of ten to fifteen minutes. She had been well for some time. I could get no symptoms on which to base a prescription except blood bright red and mixed with mucus, raised by a very slight cough. On this I gave Ipec.^{lm}, three doses one hour apart; this controlled it for several hours when it began again worse than before. Sending for me again I found blood coughed up, darker, clotted, mind perfectly calm. The hemorrhage had become alarming by this time. Returning to office, consulted *Repertories* and *Materia Medica*. I selected Hamamelis, which I have in the 3x the highest I had, which after third dose controlled it nicely, leaving weakness as the only bad effect, from which care and good nursing has completely restored her.

Do these cases answer the question? To my mind, yes, connected with other experience. Each of you, my brother physicians, has had the same experience. Why should we resort to empiricism? Echo answers why?

Discussion.—Dr. L. W. Jordan, of Indianapolis, desired to praise the complete descriptions given.

Dr. W. B. Clarke, of Indianapolis, thought that the hip-joint case had not been a great success. A life may have been saved by nature, but the patient was practically a cripple. He called attention to the practice of Surgeon S. B. Parsons, St. Louis, who in the Children's Hospital there sees these cases, and aspirates the joint early. These cases are usually tuberculous, and require some mechanical and local treatment.

Dr. T. M. Stewart, of Cincinnati, was emphatic in the belief that the case should have had a long splint and extension. Dr. Bentley closed by saying that the parents would allow nothing mechanical done, desiring only to protect the child against pain.

UTAH HOMŒOPATHIC MEDICAL ASSOCIATION.

PROCEEDINGS OF THE FIRST ANNUAL SESSION.

The Utah Homœopathic Medical Association convened in First Annual Session May 3d, 1892, in the parlors of the Metropolitan Hotel, Salt Lake City, Utah.

There were present the following members: Drs. J. M. Dart, J. Beattie, C. Q. Douglas, H. H. Crippen, D. A. Sykes, C. C. Shinnick, G. V. Parmelee, E. D. Woodruff, J. C. Hanchett, C. L. Crandall, J. T. White, all of Salt Lake City; Drs. Ried and Graham, of Ogden; Dr. Brant, of Eureka. The following visitors were in attendance: Dr. Mary J. Green, Salt Lake City; Dr. C. W. Clark, of Eureka; Dr. Walker, of Nebraska, and Dr. Ireland, of Ohio.

The Association was called to order at 10.30 A. M., by the President, Dr. J. M. Dart. The report of the Executive Committee was presented and accepted.

The annual address was received with great satisfaction, and referred to a committee of three, consisting of Drs. Crippen, Shinnick, and Crandall.

The following from the Bureau of Materia Medica and Therapeutics were read and discussed:

"The Two Materia Medicas," by the Chairman, J. C. Hanchett, M. D., Salt Lake City; "The Therapeutics of Acute Conjunctivitis," H. H. Crippen, M. D., Salt Lake City; "Electricity in Medical Practice," W. F. Howe, M. D., Evanston, Wyoming; "Some Peculiar and Persistent Symptoms with Clinical Notes," H. W. Brant, M. D., Eureka, Utah; "Positive Therapeutics and Homœopathy," J. Beattie, M. D., Salt Lake City.

In the course of the discussion Dr. Crippen moved that the privileges of the Association be extended to the visiting physicians. This was adopted, and the Chairman asked Drs. Green, Clark, Walker, and Ireland to assist in the consideration of the subjects presented.

The following officers were elected for the ensuing year,

by acclamation: J. Beattie, M. D., President; C. L. Crandall, M. D., Vice-President; J. T. White, M. D., Secretary; H. H. Crippen, M. D., Corresponding Secretary; J. C. Hanchett, M. D., Treasurer. Board of Censors—Drs. Graham, C. L. Douglas, and C. L. Crandall.

The Board of Censors reported with recommendation for election to membership the following: M. J. Green, M. D., Salt Lake City; C. W. Clark, M. D., Eureka, and were elected members by an unanimous vote.

The following from the Bureau of Clinical Medicine and Surgery were read and discussed:

"A Clinical Case in Surgery," by the Chairman, G. V. Parmelee, Salt Lake City; "Dressing and Treatment of Contused and Lacerated Wounds," H. W. Brant, M. D., Eureka; "Clinical Cases in Surgery," E. B. Graham, M. D., Ogden; "Abscesses; Metastatic and General," D. A. Sykes, M. D., Salt Lake City; "Orificial Surgery," C. C. Shinnick, M. D., Salt Lake City; "Inflammation in the Region of the Cæcum," C. L. Crandall, M. D., Salt Lake City.

Through the courtesy of the Chairman, the President-elect appointed the following:

J. M. Dart, M. D., Chairman of the Bureau of Materia Medica and Therapeutics.

E. L. Douglas, M. D., Chairman of the Bureau of Clinical Medicine and Surgery.

D. A. Sykes, M. D., Chairman of the Bureau of Obstetrics, Gynæcology and Pædology.

Committee on Legislation—Drs. Crandall, Shinnick, Ried, Douglas, and Graham.

Committee on Organization and Statistics—Drs. Parmelee, Crippen, Hanchett, White, and Woodruff.

The Committee on President's Address submitted the following:

"Our President has given us a very enjoyable relation of the early struggles of Homœopathy in Utah. A history which will, we trust, incite us to united efforts toward placing this Association in a position to demand legislative recognition in

the distribution of future favors to be bestowed upon the profession." Accepted.

Salt Lake City was selected as the place in which the next annual session will be held.

The following were read and discussed in the Bureau of Gynæcology, Obstetrics, and Pædology :

" Practical Considerations of late Gynæcological Topics," by the Chairman, C. L. Crandall, M. D., Salt Lake City ; " The Relation of Eye-Strain to Some of the Nervous Reflexes of Childhood," H. H. Crippen, M. D., Salt Lake City ; " Cervical Endometritis," C. I. Douglas, M. D., Salt Lake City ; " Practical Points in Infant Feeding."

Minutes of Organization meeting read and accepted.

On adoption of motion, it was decided to accept the report, reserving to the next meeting the settlement of the question of forming a Clinical society.

After attending to other matters of unfinished business, the Association adjourned to meet on the second Tuesday in June.

The Association was royally entertained in the evening by Dr. J. M. Dart, at his residence, 553 E. Second South Street.

All did justice to the delicious repast, after which we were favored with some rare music. During the festivities of the evening, a telegram was received by Dr. J. M. Dart, from the Homœopathic Medical Association of New Jersey, then in session at Trenton, extending a greeting to the Utah Medical Association, and welcoming her as her youngest sister.

At a late hour the company dispersed, feeling that they had spent a profitable day and a most enjoyable evening, and that Utah would yet win laurels for Homœopathy.

MRS. M. J. GREEN, M. D.

THE BENEFICENCE OF HOMŒOPATHY.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

You continue to drive the truth of Homœopathy home, and manfully hold to establishing the purity of the science! Success to you! I can easily see why Homœopathy does not have the

loyal support of its professors generally. To obtain a knowledge of her bounties, one must woo her with a devotedness as true and as deep, as fervent and as steadfast as the love he would give the dearest woman that walks the earth. Our dear science wants no half-way devotee. To him who loves her truly, and would give his life rather than drag her down, she comes with riches and sweetest blessings. In the fair days of success, she smilingly blesses him ; in the dark night of sorrow and approaching death she courageously upholds his hands, makes steadfast his determination, and calmly leads from gloom to the bright light of day and life. To him who knows and thoroughly believes the truths of the science of Homœopathy, there is no wavering, no pick-ups, no make-shifts ! No ! He calmly gives his order, and says, "Peace, be still !" Those who hear the voice patiently wait ; but he who believes but half tries to hide his ignorance in curing, and says, do anything for the good of the patient. *Do only* right ; whether it be for good or evil, *do* the right. Follow where truth guides fearlessly. Oh ! could the world but see and know the wondrous beauties and powers for good that exist in true Homœopathy, it would treat with contempt the mongrelism of many of the professed followers of the science.

Let, then, THE HOMŒOPATHIC PHYSICIAN continue in the fight for the right, and may its career be as prosperous as I wish it. Yours, fraternally,

RUFUS CHOATE, M. D.

WASHINGTON, D. C., February 20th, 1892.

THE FIRST PARAGRAPH OF *THE ORGANON*.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

Will you kindly allow me space for a quotation, which will emphasize and enforce the teaching of your editorial in the March number ?

I have a friend—an M. D. of the old school—he is a graduate of one of the best, if not *the* best allopathic college in the United States. For the past two years he has been studying abroad. Three or four months ago, while at Vienna, he wrote : "The

manner in which they [the physicians] diagnose the most obscure diseases here is something simply wonderful to me; but therapeutics seem to count but little; in fact, they seem disappointed if they are unable to verify their diagnosis by an autopsy."

Comment is unnecessary; this quotation is quite enough to show the necessity of keeping constantly in mind the first paragraph of *The Organon*, which is the sole *raison d'être* of the medical profession.

A LAYMAN.

DRAWING THE LINE.

114 GEARY ST., SAN FRANCISCO, April 25th, 1892.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I could not keep house without your Journal. I do not like the Phariseism of some of your leaders when I see so many of their blunders. But when a *nominal* homœopath comes at me with some new allopathic treatment for headache I draw the line there, and say let us have one pure advocate of pure Homœopathy.

I have the January number; please send me the balance for this year.

Yours,

HAYES C. FRENCH.

BOOK NOTICES.

FIRST DECENNIAL CATALOGUE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO, 1881 TO 1891, AND THE ANNOUNCEMENT FOR 1892 AND 1893. Chicago: Published by the College (813 West Harrison Street), 1892.

The college of which this book is the catalogue and announcement belongs to the *regular* school of medicine. It is located in Chicago directly opposite the Cook County Hospital.

The requirements for admission to this college are: (1) A credible certificate of good moral character. (2) A recommendation from a physician of good standing who is willing to act as the student's preceptor. (3) A diploma from a literary or scientific school granting the degree of B. S. or B. A., or

their equivalent; a diploma from a State normal school or from a high school, which will admit to the State University of the State in which the high school is located or other satisfactory certificates. Failing these the student must undergo a preliminary examination, which is detailed in the catalogue. This course of study covers four years. Copies of this book may be had upon application to Dr. Bayard Holmes, Secretary, 240 Wabash Avenue, Chicago.

DISEASES OF THE EYE. A HAND-BOOK OF OPHTHALMIC PRACTICE, FOR STUDENTS AND PRACTITIONERS. By G. E. De Schweinitz, M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic; Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania; Ophthalmic Surgeon to the Philadelphia Hospital, and to the Children's Hospital; Ophthalmologist to the Orthopædic Hospital and Infirmary for Nervous Diseases. With two hundred and sixteen illustrations and two chromo-lithographic plates. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Price, cloth, \$4.00 net; sheep, \$5.00 net.

This book is divided into twenty-two chapters. The first chapter gives us the General Optical Principles, whilst chapter two instructs us in the Examination of the Patient and External Examination of the Eye. Chapter three speaks of Reflection; the Ophthalmoscope and its Theory; Ophthalmoscopy and Retinoscopy, whilst chapter four gives the student Normal and Abnormal Refraction. Chapters five to eleven treat of diseases of the eyelids; diseases of the Conjunctiva; diseases of the Cornea; diseases of the Sclera; diseases of the Iris; diseases of the Ciliary Body, and Sympathetic Irritation and Inflammation, and diseases of the Choroid. Chapter twelve gives all about Glaucoma. Chapters thirteen to sixteen the diseases of the Chrystalline Lens, Vitreous, Retina, and Optic Nerve. Chapters seventeen and eighteen treat of Amblyopia, Amaurosis, and Disturbances of Vision without Ophthalmoscopic changes; Amblyopia of the Visual Field, Scotomas, and Hemianopsia. Chapter nineteen, the Movements of the Eye-balls and their Anomalies. Chapters twenty and twenty-one, Diseases of the Lachrymal Apparatus and of the Orbit. Chapter twenty-two gives the Operations.

This is a new book and has been written in the hope that it may prove of service to students and practitioners who desire to begin the study of ophthalmology. We have spent several evenings in examining the book and are much pleased with it. To the neophyte it will be a great help, as the author has given the largest share of attention to the methods of examining the eyes, to the diagnosis and treatment of ocular diseases. The subject-matter has been given in greater detail than is customary in books written for students, and this is a step in the right direction. No physician, surgeon, or ophthalmologist will make a mistake in adding this beautiful work to his library.

The book contains some six hundred and forty pages of reading matter. The illustrations are first-class, and the paper, printing, and binding are all that can be desired.

W. S.

TRANSACTIONS OF THE TWENTY-SEVENTH SESSION OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF
PENNSYLVANIA. Held at Pittsburgh, September 15th-
17th, 1891.

This is a volume of some three hundred and forty pages and shows that the Society is not idle. Dr. August Korndorfer is President, and Dr. J. Horner is Secretary. The different bureaus are well represented and all the papers up to the standard.

W. S.

NOTES AND NOTICES.

OBSTACLES TO HOMŒOPATHY.—Dr. Jousset, the celebrated French physician, in a speech delivered by him at a banquet given by the homœopathic doctors of Paris to celebrate the anniversary of Hahnemann, declared that the greatest drawback to the practice of this special branch of medicine in France was that it was not officially recognized, and that homœopathic doctors are looked upon in the light of outsiders and sectarians by the medical profession. He announced that in America there were at least twenty thousand homœopathic doctors, while in fair France there were only three hundred and fifty, and this in spite of the marvelous results during the cholera epidemic of 1848-49 of the Hahnemann method of treatment. Dr. Jousset complains that the medical hospitals are practically closed to them, and that the doctors of the allopathic school do all in their power to frighten patients from seeking relief in homœopathic treatment.—*The Illustrated American*, June 11th, 1892.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN held its twenty-eighth annual session at Milwaukee, June 7th, 8th, and 9th, 1892. The officers are: A. G. Leland, M. D., of Whitewater, President; Joseph Lewis, Jr., M. D., First Vice-President; S. J. Martin, M. D., of Racine, Second Vice-President; A. R. F. Grob, M. D., Milwaukee, Recording Secretary; C. J. Steele, M. D., Milwaukee, Corresponding Secretary; E. W. Beebe, M. D., Milwaukee, Treasurer.

THE WOMEN'S HOMŒOPATHIC HOSPITAL.—On April 26th The Women's Homœopathic Association of Pennsylvania opened to the public the Lippe Memorial Pavilion. This is a special building for the accommodation of such cases as it is not advisable to place in the general hospital. The pavilion is eighty-four feet in length by thirty feet in width. It is built of the best quality stretcher brick, with double walls, there being a three and a half inch air space between. It contains one large ward and two private rooms for patients. The ward has four open fireplaces. The private rooms are also fur-

nished with fireplaces. All windows are double with transoms over them in the ward and a lantern top to make the ventilation more perfect. This pavilion is heated and ventilated by the Sturtevant fan and heater. The entire air of the pavilion can be changed in a few minutes.

There are rooms for physicians and nurses attached to this building and for the help. Linen closets, bath-rooms, etc., all constructed according to the best sanitary rules. There are no angles in any part of the building. All doors and windows are of oak.

In the basement, which is light and airy, is a diet kitchen with all modern appliances. A laundry furnished with disinfecting tank, tubs, etc., where the clothing and bedding for patients will be laundered; also an ironing-room; a dining and a sitting-room for the doctor and nurses. In fact every thought has been given to make this pavilion perfect as possible and thoroughly sanitary in every way and comfortable for all the inmates.

Such a building seems a fitting memorial to Dr. Lippe, to whom it is dedicated. A tablet will be placed in the hall of the pavilion, bearing the following inscription: "In memory of Adolph Lippe, M. D., a consistent follower of Hahnemann. A man who had the courage of his convictions."

NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMOEOPATHIC MEDICAL ASSOCIATION held its second semi-annual meeting Tuesday, May 10th, in South Bend, Ind., Dr. C. H. Myers in the chair. Members present were Drs. A. L. Fisher, Porter Turner, and H. A. Mumaw, Elkhart; John Borough, Mishawaka; I. O. Buchtel, Auburn; C. H. Myers, W. D. Chaffee, R. L. Sine, and Julia Godfrey, of South Bend. After roll call and prayer by Rev. A. B. Chaffee, the minutes of the previous meeting were read by the Secretary, Dr. H. A. Mumaw. Approved. Drs. W. A. Crandall, of Sturgis; J. C. Hunsinger, and S. N. Devor, Elkhart, and H. Hammond were elected. Dr. A. L. Fisher read a paper entitled "A Nameless Case and Relief from an Operation." Dr. John Borough, chairman of the Bureau of Obstetrics and Gynecology, read a paper on the "Third Stage of Labor." Dr. W. D. Chaffee read a paper on "Membraneous Dysmenorrhoea." Dr. Julia Godfrey, chairman of the Bureau of Pædiatrics, read a paper on the "Care of Infants." Dr. J. O. Buchtel reported an interesting case of laryngismus stridulus, cured by Nuxvomica. Dr. R. N. Morris read a paper on the "Surgical Treatment of the Prepuce, and Cases Treated, with Results." A number of important papers were not read for want of time.

Election of officers for the ensuing year resulted as follows: President, Dr. A. L. Fisher; First Vice-President, Dr. I. O. Buchtel; Second Vice-President, Dr. J. P. Siegfried, White Pigeon; Secretary, Dr. H. A. Mumaw; Treasurer, D. W. B. Kreider, Goshen. The next meeting will be held at Constantine, Mich., on the second Tuesday of September, 1892.

DR. OLIN M. DRAKE has removed from Ellsworth, Maine, to 70 Huntingdon Avenue, Boston, Mass.

DR. CHARLES P. BEAMAN, from Ridgedale, Tenn., to 304 McCallie Avenue, Chattanooga, Tenn.

DR. F. H. LUTZE has removed from 133 Clymer Street to 232 Ross Street, Brooklyn, N. Y.

DR. J. W. THOMSON has removed from 248 W. Sixteenth Street to "The Irvington," 136 W. Sixteenth Street, New York.

DR. A. QUACKENBUSH has located at 401 Michigan Street, Buffalo, N. Y.

DR. S. MILLS FOWLER has removed from Gainesville, Texas, to 3120 Wabash Avenue, Chicago.

PROF. A. L. FROTHINGHAM has located for the summer at Norfolk, Conn.

REMOVALS.—Dr. F. F. Blanki, from Bøger's store, Mo., to 1600 Burd Ave., St. Louis, Mo.; Dr. R. O. Harris, to Carrollton, Mo.; Dr. Thomas W. Dike, from Newton Centre, to Dedham, Mass.; Dr. J. W. Cartlich, from Carrollton, to 1659 Madison Ave., Kansas City, Mo.; Dr. Mary Brower, has removed, for the summer months, from New York, to Walter's Park, Berks Co., Penna.; Dr. Frances M. Morris is located at 138 Marlboro' St., Boston, her former address was Princeton, Mass.

THE DIOS CHEMICAL CO., of 914 Locust Street, St. Louis, Mo., issue a colored chart of Cerebral Localization, which they mail free to physicians on application.

MALTED MILK.—Many physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of the long continued use of tea or coffee are well known, but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk served either hot or iced makes one of the most pleasant, refreshing, and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and of course far more healthy and nutritious. Does not stimulate but aids digestion. Prepared by simply adding water. Address the Malted Milk Co., Racine Wis., for samples.

THE YALE CHAIR.—St. Louis, Mo., July 26th, 1892. I now am the owner of the Yale Chair, and I do not see how there could be anything more perfect than it is. I will be glad to recommend the Yale to any one that stands in need of a chair.

H. L. HENDERSON, M. D.

THE WEEKLY BULLETIN.—The current issue of *The Weekly Bulletin of Newspaper and Periodical Literature*, published at 5 Somerset St., Boston, is twice its usual size, containing a classified index of 1,300 articles from recent numbers of the periodical press.

The *Bulletin* catalogues the important articles in the leading daily and weekly papers and the monthly magazines of the United States and Canada, including THE HOMEOPATHIC PHYSICIAN. Its value to readers, writers, and students is sufficiently indicated by its title, and, although still in its first volume, its success is evidenced by the current issue is a surprise to no one acquainted with its plan and purpose.

A BUREAU OF SERVICE AND INFORMATION for the exclusive use and benefit of visiting physicians and surgeons and their families will be opened in Chicago during the great Exposition of 1893 by Messrs. Chas. Traux Greene & Co., dealers in physicians' supplies, 75 and 77 Wabash Avenue, Chicago. Ample room will be provided for the successful operation of each department, and additional space set aside for the use of the secretaries and other officers of medical societies and conventions. No charge will be made for the services here offered, and all who are legitimately engaged in the practice of medicine and surgery will be made welcome. The services offered are as follows: Registration.—By registering name, college, and date of graduation, residence when at home, and hotel and boarding-house while in the city, telegrams and mail matter can be promptly forwarded and correct addresses furnished to all inquiring. Hotels and boarding-houses.—A list of leading hotels and boarding-houses will be kept, with location, description, and rates. Telegrams.—For these we will receipt if requested or assist (by means of our registry) in their speedy delivery. Postal Benefits.—A miniature post-office will be established, so that mail matter may be addressed in our care. Banking Facilities.—Cash will be paid out during banking hours from currency deposited with us and from funds forwarded us direct from banks. Money sent us by banks for credit should be accompanied by signature of depositor. Checks and drafts will not be cashed, and will be received only for collection. Telegraph, Telephone, Stenographic, District Messenger, Livery, Cab, Express, Baggage, and Freight Service arranged for in the building and legitimate rates secured. Check and Cloak Room.—Parcels and small packages will be received and checks issued for the same. Headquarters for Physicians.—A reading and reception room, with writing facilities and stationery will be provided, where physicians may meet their friends, attend to correspondence, etc. Purchasing Department.—Theatre, exposition, sleeping-car and railway tickets will be secured, and assistance rendered in purchasing goods in all lines of trade. Office Room and Desks, in or adjoining the general headquarters, will be provided for the secretaries and other officers of medical societies and conventions. Interpreters.—German, French, Spanish, and other interpreters will be permanently located in the building. These privileges will be granted to physicians and surgeons (and their families) only—college and date of graduation required on registration.

THE CALCIUM SALTS IN NUTRITION.—The Calcium Salts, both phosphate and carbonate, are indispensable in the formation and life of animals as of plants. They not only form the mineral part, and, as it were, framework of the bones and teeth, but are also integral parts of all the elements of the body, principally of the brain, marrow, nerves, muscles, and blood—in short, the support of the organic substance of all the cells. Indispensable to pregnant or nursing women, who, in addition to supporting their own bodies, are compelled to furnish material for the formation and development of a new organism. Likewise, of the greatest necessity for children during their period of growth.

Insufficiency of these principles must produce weakening of the constitu-

tion and dental caries on the part of both mother and infant—curvature of the bones, late and painful dentition, and a state of general debility.

It has been shown by numerous chemical analyses of the milk of nursing women that very often it is deficient in Calcium salts, notably phosphate—especially is this true of residents in the city. The cause of this, no doubt, is that during pregnancy the digestive disorders, which are so frequent, prevent an active assimilation of these principles in the state in which they are contained in the food.

The idea of adding some extra Calcium salts to the food suggests itself spontaneously. But the difficulty of making the compound enter into the economy is well known. When mixed with the food they ordinarily pass as foreign bodies into the salts of the urine, without benefiting the organism.

But as albuminated Calcium, both phosphate and carbonate, as exhibited in Proteinol—a food composed of the entire egg, digestible fat, brandy, and maltose is the form in which nature seems to have put these salts in small quantities in eggs, milk, grain, etc.—they are retained and utilized in the organism.

The use of Proteinol during pregnancy permits the birth of living and vigorous infants from mothers with a history of abortion, or whose children had hitherto come into the world weak, and had succumbed soon after birth.

Again, under the use of Proteinol pregnancy is more easily endured; the pregnant woman loses neither her strength nor her good general health and having arrived at term is in splendid condition for being an excellent nurse.

Moreover, the milk of women taking Proteinol is more abundant, is much richer in fat and the lime salts, seemingly so necessary to metabolism. Their children improve in health, their dentition is easy, and their growth rapid.—*Medical Advance*.

THE MEDICAL VISITOR.—We desire to inform our readers that we will club THE HOMŒOPATHIC PHYSICIAN with *The Medical Visitor* for the sum of *Three Dollars* net, cash with the order. *The Medical Visitor* is a pure Hahnemannian journal published in Chicago.

HOMŒOPATHY IN HUNGARY.—The Government of Austria and Hungary, in consideration that the fourth part of the population are homeopaths, notwithstanding the doctors of the opposition established in 1870 an official denunciation of Homœopathy in the University of Buda-Pesth which is in charge of Professor Bakody, in the large hospital of the same city “St. Roque” two wards with sixty beds have been placed at the services of the homeopaths. This measure at first provoked the ire of the allopathic physicians and pharmacists, but it was soon calmed, and the two systems have continued thus for twenty-one years without sustaining any recrimination, to the great joy of the patients.—*Revista Hom.*, January, 1892.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION held its annual meeting at Narragansett Pier, June 21st, 22d, 23d, 24th. The session was most interesting and a large number of valuable papers was presented.

As the stenographer, Dr. J. B. S. King, one of the editors of *The Medical Advance*, has engaged to furnish us a copy of his notes, we shall ask our

readers to be content with this short notice of the meeting as the full proceedings will be laid before them from time to time in installments the same as in previous years. The officers elected were as follows:

President, Dr. Edward Rushmore; Vice-President, Dr. T. S. Hoyne; Secretary, Dr. S. A. Kimball; Corresponding Secretary, Dr. Samuel Long; Treasurer, Dr. Frank Powel. Board of Censors, Dr. Wm. Wesselhæft, Dr. Edward Adams, Dr. H. C. Allen, Dr. F. S. Davis, Dr. A. R. Morgan.

SILICEA IN THE TREATMENT OF CANCER.—Some time ago a patient came to Dr. Formica who had a cancer in the breast. The patient was so diseased that there was no hope of any cure. Dr. Formica, though knowing this, yet took charge of the case, and having given several remedies that responded to the dominant symptoms, adopted as the principal remedy Silicea. The benefit was so great that he was able to give hopes of future recovery.

We have here a note from *The Homœopathic Recorder* that justifies this treatment: "Some years ago I treated a patient who had two scirrhus cancers, —very painful—in the left breast of a very unpleasant aspect. The progress of the disease made an operation indispensable, and at my indication Dr. Schuts was called, who considered an anæsthetic unnecessary, which was also my opinion, and in thirteen minutes the operation was accomplished."

We left together, and during our walk he told me the following: "About three years ago I was called to see Prince S., who had a cancer. The result was not satisfactory, although I did all I could, surgically, for two months. One day the Prince said to me that he wished to try Homœopathy, and suspend for a while my treatment. Dr. Fleishmann was then called. Weeks after, by chance I heard the Prince eulogize Homœopathy, and meeting Dr. Fleishmann on the street, asked him about the patient. My surprise was great when he told me that in three weeks after having charge of him he became convalescent, and the remedy he had employed was Silicea."

I strongly resolved to employ this remedy for the first case of the kind that would present itself. As my doctrine did not permit the use of infinitesimal doses, I triturated a grain of Silicea with one hundred of Sugar of Milk.

The first case that came to me was the wife of a high official, who had been operated upon for the second time some weeks before, and all the indications proved that the malignant character of the disease had not disappeared. After two weeks of my treatment, which consisted of a dose in morning and another in the evening, the aspect of the ulcer was very much improved; three weeks later it closed completely, and the patient was cured.

Since then I have always used Silicea for scirrhus, some have been operated on and others have not, and the result has always been satisfactory. I beg of you to give from this hour your patient this remedy prepared in the same strength by the apothecary of the patient. I did thus: In six weeks from the use of Silicea that ulcer, so large, was entirely cured, and to-day after more than twenty years it has not re-appeared.—DOCTOR IRSCH.

We can, therefore, recommend the use of Silicea in cancerous ulcers as a hopeful medicine, now that its pathogenetics are aggregated with the clinical cases quoted above.

Translated from the *Revista Homœopetico*, Marzo y Abril, 1892.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

AUGUST, 1892.

No. 8.

EDITORIAL.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—In this number we give an exceedingly condensed report of the meeting this year at Washington of the American Institute of Homœopathy. The meeting was probably the largest ever held except that of last year in conjunction with the International Congress. As a consequence the business before the Convention was enormous, and could not all be satisfactorily finished. Our space is much too limited to publish any of the discussions, however interesting, and it has been a difficult task to decide what to give our readers and what to discard. It has cost some time to make a judicious selection. The work, such as it is, now lies before our readers, and they can get an idea of what they wish particularly to read and then seek it out in the Transactions officially published by the Institute.

Several brilliant and costly entertainments were given the Institute; among the most interesting being a visit to Mount Vernon upon a great river steamer specially chartered for the occasion, and a grand banquet on the opposite side of the river at Marshall Hall, followed by a *fête champêtre*. There were private receptions and a great public reception, and a visit to the President of the United States. All this was arranged by

the Washington physicians, and it is probably the most costly and brilliant offering the Institute has ever received.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION held a very successful meeting at Narragansett Pier. The papers were excellent and the discussions most interesting. It was also a harmonious meeting. Some unfortunate factions had arisen which threatened to consume time with profitless discussions that might have assumed a personal aspect. But they were all amicably adjusted by the good management of two or three earnest members, and so nothing occurred that would prevent the concentration of attention upon the subjects of medical practice for which they had come together. What these subjects were and what was said concerning them will be duly set forth in these pages from month to month.

In a short paragraph in "Notes and Notices" in last month's issue of this journal we gave the names of the officers of the Association. Among the censors we gave the name of Dr. Davis. This is a mistake, it should be Dr. B. L. B. Baylies, of Brooklyn.

THE DELAYED AUGUST NUMBER.—The editor feels that he owes an apology to the readers of this journal for its late appearance this month. Being severely overworked he took a much-needed vacation, and so all the work of the office was temporarily suspended.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

REPORT OF ITS PROCEEDINGS.

(Condensed from *The Washington Post*.)

The forty-fifth Annual Session of the American Institute of Homœopathy was held June 13th, 14th, 15th, and 16th, 1892.

The hall in which the meetings were held had been handsomely decorated for the occasion with the national colors by two seamen from a U. S. cruiser.

President Theodore Y. Kinne was in the chair.

Dr. McClelland presented the report of the Programme Committee, and Dr. Pemberton Dudley, the General Secretary, reported the work of the Executive Committee. The Treasurer, Dr. E. M. Kellogg, reported an expenditure of \$5,610 last year, and a balance on hand of \$817.22. Dr. T. Franklin Smith reported on Organization, Registrations, and Statistics. Verbal reports of delegates from different States were also received.

Dr. Tulio S. Verdi offered a resolution for the encouragement of a high standard of medical education in the United States, providing "that the President, by and with the advice and consent of the Senate, shall appoint a board of medical examiners composed of eight members learned in the science and art of medicine and surgery, whose duty it shall be to examine candidates for the degree of United States Master of Medical Science (U. S. M. M. S.)." The bill further provides that the President shall through diplomatic channels secure the recognition of this degree in foreign countries, where the American medical diploma is now looked upon with disfavor if not absolute scorn.

Addresses were presented of the bureaus of Ophthalmology, Otology, and Laryngology, by Dr. A. B. Norton, of New York; Obstetrics, by Dr. George B. Peck, of Providence; and Gynæcology, by Dr. M. T. Runnels, of Kansas City. Dr. J. D. Buck reported a list of twenty-three homœopathic publications. Dr. E. F. Storke, of Denver, reported on Foreign Correspondence.

In the evening of the first day's session a brilliant reception was held at the New National Theatre. At this reception a masterly address was delivered by Dr. Kinne, which we have not space to print.

At the session next day a committee was appointed upon the President's address, and then an amendment was made to the Constitution by the election of two instead of one Vice-President.

Dr. B. W. James, acting chairman of the bureau of Sanitary Science, reported the annual address of Dr. Beckwith, of Cleveland. This address stated in brief that one of the greatest

needs of our highly developed modern civilization is a perfect and general sanitation.

Dr. McClelland offered a motion for the appointment of a committee upon the erection of a monument to Samuel Hahnemann. It was unanimously carried, and a committee was appointed consisting of Drs. J. H. McClelland, J. B. Dake, I. T. Talbot, J. S. Mitchell, and H. M. Smith.

On motion of Dr. Henry M. Smith, of New York, a resolution was passed providing for a button as a badge of the Institute.

A resolution was also passed providing for a special committee to be devoted to forwarding the interests of Homœopathy at the World's Medical Congress, at Chicago, in connection with the World's Columbian Exposition, next year.

There was a paper upon Javal Ophthalmometer, by Dr. C. M. Thomas; Exophthalmic Goitre, by Dr. E. H. Linnell; Anti-sepsis and Asepsis in Ophthalmic Surgery, by Dr. Harold Wilson, of Detroit; Paralysis of all the ocular muscles except the sphincter iridis, by Charles H. Helfrich, M. D., of New York; Heterophoria with Cases, by Hayes C. French, M. D., San Francisco; The Eye in General Diagnosis, by Thomas M. Stewart, M. D., Cincinnati; Herpes Zoster Ophthalmicus, by D. A. MacLachlan, M. D., Ann Arbor; Aural Therapeutics, by Henry C. Houghton, M. D., New York. But the most remarkable paper was entitled "Massage of the sound-conducting apparatus of the Ear by means of vibratory force and the similar sound as a curative agent in tinnitis aurium," by Henry F. Garey, M. D., of Baltimore. In this machine vibratory force or motion is made to act upon the sound-conducting parts of the ear, producing massage, thereby relieving those conditions which before could not be reached by the regular modes of treatment and which were the regular causes of deafness in a very large proportion of those afflicted. The phonograph was at first used to bring about these results, but lately an instrument which has been named the vibrometer has been devised for this special purpose which makes this mode of treatment more effective. The doctor then reported the results in a number of persons treated. Some whose deafness was from five to fifteen years'

standing could now hear ordinary conversation from ten to twenty feet away with their back turned to the speaker, and others with never-ceasing noises in their ears were completely relieved.

There was a sectional meeting of the Bureau of Obstetrics at which the Chairman, Dr. George B. Peck, presided. The following papers were presented: "Post-partum Treatment," by C. H. Cogswell, M. D., Cedar Rapids, Iowa; "Cleanliness in Obstetrics," by C. A. Pauly, M. D., Cincinnati; "Asepsis *versus* the Colored Nurse," by Sarah J. Millsop, M. D., Bowling Green, Ky.; "Obstetric Antisepsis," by L. L. Danforth, M. D., New York; "The Better Way," by George W. Winterburn, M. D., New York; "The Practical Relations of the Homœopathist to the Germ Theory," by George B. Peck, M. D., Providence, R. I.

Dr. A. W. Woodward, of Chicago, presented a report entitled: "A Series of Experiments with Cinchona, Ipecac, Pulsatilla, and Rhus-tox., made for the purpose of learning the common sequence of effects produced by each of these drugs upon the healthy body."

The Committee on Life Insurance Examiners also reported. The report showed that while a few companies still held out, over two-thirds of all the life insurance organizations of the country now employ homœopathic examiners.

Dr. Millie J. Chapman read the report of the Bureau of Pedology. The report of the Committee upon Medical Education was given by Dr. Fisher, of Texas. The Institute had decreed three years ago that after 1891 no college graduating students on less than three courses of six full months would be recognized by the Institute, nor would such graduates be admitted to membership in it. All the homœopathic institutions had fulfilled the requirements to the letter, and the two courses of lectures is a thing of the past. Papers were presented by Dr. T. G. Comstock, of St. Louis, on "Shall our Colleges adopt the Recitative Plan of Teaching?" by Dr. Orne, of Atlanta, Ga., "The Hospital should precede the College;" Dr. Spaulding, of Boston, on "Private Pupilage;" Dr. Talbot, of Boston, "A Plea for Better Methods in Medical Teaching," etc.

A resolution was adopted "that the American Institute would look with decided disapprobation upon the organization of college faculties in cities where ample hospital and clinical facilities shall not have been previously provided." The report of the Committee on Legislation was presented. It has been doubtful if homœopathists were admissible for examination for admission to the army and navy, owing to the special regulation that no one should be admitted to such examination who was not a graduate of some "regular school." Upon inquiry the surgeon-general stated that the meaning of the rule made by the Department was not exclusive in intention and the term "regular" was used simply as meaning a well-equipped medical college requiring not less than a three years' course to secure its diploma. "This lets in Homœopathy," said Dr. Orme, "as all our colleges are well equipped and require a three years' course before graduation. Therefore our practitioners are by reason of this important decision upon an equal footing with all others in entering the army and navy."

The officers elected were as follows : President, Dr. James H. McClelland, of Pittsburgh, Pa. ; First Vice-President, Dr. C. E. Fisher, of San Antonio, Texas ; Second Vice-President, Dr. Millie J. Chapman, of Pittsburgh, Pa. ; Treasurer, Dr. E. M. Kellogg, of New York city ; Assistant Treasurer, Dr. T. F. Smith, of New York ; General Secretary, Dr. Pemberton Dudley, of Philadelphia ; Provisional Secretary, Dr. T. M. Strong, of Boston ; Board of Censors, Drs. Rush, Cowperthwaite, Smith, Hoag, and Kenyon. Dr. H. M. Smith, of New York, was appointed necrologist. Chicago was chosen as the next place of meeting.

A resolution was offered, calling the attention of the Senate of Seniors to the practice of certain members using secret and proprietary medicines, and advertising themselves as so doing, and requesting that they take whatever action they shall deem proper.

The report of the Senate of Seniors is an official proclamation that patent medicine men and specialists who belong, or claim to belong, under the particular protection of Homœopathy will be

summarily ousted from its ranks, if the charge of charlatanry is established against them.

The report positively forbids any homœopathic physician from advertising himself possessed of any remedy or method of cure not known, and capable of being used by the entire medical profession, emphasizing that the physician should depend for his standing upon his able judgment and training, and not upon discovering quack cures.

In the Bureau of *Materia Medica* the following papers were presented: "The Evolution of *Materia Medica*," by W. E. Leonard, M. D., Minneapolis, Minn.; "The Teaching of *Materia Medica* in Homœopathic Colleges," by Richard Hughes, M. D., Brighton, Eng., honorary member; "Proving of *Saw Palmetto* on a Woman," by Will S. Mullins, M. D., Lexington, Ky.; "What are the Laws of Cure?" by M. W. Vandenburg, M. D., Fort Edward, N. Y.; "Proving of *Ficus Indica*," by Dr. B. N. Banerjee, Calcutta, India; "The History, Synthetic Symptomatology, Therapeutic Application, and Comparison of *Thuya Occidentalis*," by the Medical Investigation Club, of Baltimore, Md.

The following papers were contributed to the Bureau of Surgery: "General Considerations of Visceral Surgery," by Charles E. Walton, M. D., of Cincinnati, Ohio; "Appendicitis, Diagnosis and Treatment," by A. Boothby, M. D., Boston, Mass.; "The Treatment of Pulmonary Abscess," by W. F. Knoll, M. D., Chicago, Ill.; "Surgery of the Gall Bladder," by Horace Packard, M. D., Boston, Mass.; "Surgery of the Kidney," by George F. Shears, M. D., Chicago, Ill.; "Laparotomy in the Treatment of Epilepsy," by S. B. Parsons, M. D., St. Louis, Mo., and "Prolonged Abdominal Irrigation in Overcoming Tumor Adhesions," by M. O. Terry, M. D., Utica, N. Y.

The foregoing is but an outline of the work done by the Institute. Its business was enormous, and it would be impossible to find room for all the minutes in these pages.

POTENTIATION PHYSIOLOGICALLY PROVEN.

BY PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated from the Leipzig *Allgem. Homœop. Zeitung*, Vol. 124, No 11, by
B. Fincke, M. D.]

Continued from page 239.

Motto: All things are poison and nothing is without poison, but the doses alone make it that a thing is no poison. (Paracelsus in his third defense, Barth ed. II, p. 170.)

II. INTRODUCTION.

Hahnemann and before him A. v. Haller, for the proving of medicines, laid down the postulate that in the *first* place it must be made upon the *healthy*. This proposition has also been followed by all the provers in our camp (only in regard to Kochine some enthusiasts were carried away by allopathy and entered immediately on proving it upon the sick). Their proving, however, hitherto—as far as I know—has occupied itself with only one of the two fundamental laws of Homœopathy, viz., with the law of *Similitudo* while the law of *Potentiation* has been left in the lurch. This unequal treatment of the two principles had also here the following result: (a) whilst the practical physician for the qualitative selection of the remedy, disposes over but too large a number of remedies, and all homœopaths are uniform in their acceptance of the *law of Similitudo*—we pass over the difference of opinion regarding *ison* and *homoion*—the literature regarding the quantitative selection shows us a great difference of opinion.

(b) Yea, still more since potentiation, especially the high potencies, form the great stumbling-block on the allopathic side—there are homœopaths who do not hesitate to part with this fundamental law of Homœopathy—no *phraseology* and no one-sided experiments upon the sick can change this state of things, but only new facts which must be obtained by *experiments* upon the *healthy*.

I, from my standpoint, cannot at all comprehend how people can quarrel about such a matter. The only correct thing to do

is to take the matter in hand and try it, and try it *upon one's self*.

I have done so, and thereby found—as the reader will see from the following—that any one can, just as Hahnemann did, soon settle the matter, without any other artificial means than perhaps a common watch, but still easier of course, if one does not confine himself to the observation of the internal phenomena, but calls to aid the method which I have called *Neural Analysis*.

Since I have repeatedly published the method exactly and extensively, especially lately in my writing *Action of Matter in Living Beings* (Albert Gunther, Leipzig, 1892), I presume that the readers know all about this method, and beg leave to make a preliminary remark.

Since an exact science exists, the rule in investigations of any kind is adopted if possible to apply a method which gives *numbers*. Already the popular opinion says: “numbers prove” and *Kant* says: “Every single branch of natural science contains only so much true science as it *contains mathematics*.”

Such a method is *Neural Analysis*. It has been tested by me in an uninterrupted practice of almost ten years, and the reader will be enabled by the description of the results of my experiments to form, to a certain degree, his own judgment about this method, but a perfect one indeed only after he has tried it himself. It is a great error to imagine that it would be enough to have dabbled a few times with the chronoscope.

1. Clumsy people, and those with a heavy hand, can learn the *Neural Analysis* just as little as the use of the microscope and making preparations; this needs a fine touch or a coarser instrument than any chronoscope.

2. *Torpid* people who react upon nothing, who enjoy an ordinary throat-scourer as much as a Rhine wine, of course, also attain nothing. Such people do not come into consideration, because they also as a rule do not fall sick. Upon twenty sick people comes, perhaps, a torpid one, and with him the physician has lots of trouble, because he does not react upon the medicine. Generally the physician has people under treatment who by the fact that they have become sick, prove that they are more “sensitive” natures.

3. A condition which can only be learned by continual exercise and especially numerous experiences to the establishment of the sufficient *spiritual repose, passivity, and objectivity*.

4. A last main point is that one learns to govern and regulate his physical disposition, which requires invention and again experience.

Finally the following remark: The question of *potentiation* has a *general* and a *special* side, the last in so far as the various medicinal substances in regard to potentiation have not the same relation. I shall treat *both* sides successively, the *general* at first. For this the investigation of a single medicine-substance is sufficient according to its various degrees of attenuation. My selection fell upon *Kali-carbonicum*, just as of course any other substance could have been used for this first fundamental investigation. The *special* or *comparative* side of the question can be only dispensed with by taking care to prove thoroughly a sufficiently large number of medicine-substances in systematic order. This, of course, cannot be done at once and requires several years. Until now I have proved 6 Kali salts, 7 Natrum salts, 4 Ammonia salts.

III. NEURAL ANALYSIS OF THE POTENCIES OF KALI-CARBONICUM.

(a.) *The Experimentation.*

1. I obtained from the pharmacy the third alcoholic potency. The transference of the substance upon the higher potencies was effected through a series of *equal* vials in order to exclude as much as possible the interference of foreign influences, and was effected by my assistant in another room in order to avoid mixtures of the substance with the air of my room. The table shows which potencies have been measured.

2. Up to the 30th potency the *decimal* scale has been used; from this the *centesimal*, so that one centesimal degree was reckoned equal to two decimal degrees. It will be seen later that this is permissible.

3. Up to the 100th potency alcohol was used, after that up to the 1,000th distilled water, but at the close twice alcohol.

4. For every measurement about two grammes of distilled water, into which one drop of the alcoholic potency was dropped, were swallowed.

5. The decade numbers I dictated to my assistant, who by means of a watch gave me signs at the beginning and the end of the measurement.

6. Each time three measurements were made :

a. The *rest*-number formed from four decades, therefore 40 single acts.

b. The *water*-number. The same glass from which afterward the mixture of water and medicine should be drank contained a filling only with water. This I drank at a given sign, and measured continually decades till the passage of a minute was signalized. The water-number is the means of all decades obtained, generally 10.

c. The *medicine*. Immediately after obtaining the water-number I filled the glass again with water and dropped the drop of medicine in. Upon the sign that a minute was passed I drank the mixture rapidly and commenced the measurement and dictation of the decades. How long is to be seen from the table. The end of every minute was signalized to me.

7. The measurement, as is the general rule for Neural Analysis, took place between 10 and 12 A. M., in a room inaccessible to the exhalations of the kitchen. On January 19th, 7 potencies were proved in this time, on the 20th just as many, on the 21st 2, on the 25th 3 potencies. Before beginning a new measurement it was determined by formation of a rest-number whether the nerve-time had returned to its old standard, and only then when the old stand was reached the operation was continued, otherwise I waited.*

* This is not in contradiction with what in No. 1 was said on the inadmissibility of rapidly succeeding measurements of various potencies of the *same* substance. It is *admissible* to measure *approximate* potencies in succession as here was done, but inadmissible when the degrees are *very* different. On this subject exact statements will be made as soon as the practical question has been solved. For the present I can communicate that some collaborators have announced themselves, and that the matter has been taken in hand on that account.

(b.) *The Calculation.*

1. The calculation is simple: the basis of it is the *measured decade-number*. It results from quietly counting 10 pressures with the finger upon the chronoscope and reading off the stand of the index; every watch-number is $\frac{4}{1000}$ seconds, and by division by 10, *i. e.*, striking off the last number by a comma, the *mean* number is obtained. Since the aggregate of the thus obtained numbers is too great for publication in the form of tables or curves, their number was diminished to $\frac{1}{4}$ by contracting every 4 to one *decade-mean*. This then, since the watch-number is 4 milliseconds, gives immediately a number by simple addition, which expresses the obtained value in milliseconds.

2. The *calculated decade-mean* is the base of a further calculation. This starts from the *water-number* (see above), and serves to determine how many per cents. the medicine-action had shifted the nerve-time in opposition to the time obtained at the water. Therefore, for every decade-mean obtained during the medicine-action, the difference of the water-number is taken and turned into *per cents.* of the water-number.

3. The *difference-numbers* in per cent. from the object of the demonstration in tables and curves and naturally are subdivided in two groups, with opposite signs. (a) The *minus-sign* was given to those numbers which indicate a *prolongation* of the nerve-time, therefore a *paralytic* effect. I call them *minus-values*; (b) the *plus-sign* is given to the numbers which indicate an *abbreviation* of the nerve-time, therefore indicate an *animating effect* and they are called *plus-values*.

4. For the formation of curves no further numbers were needed, but it was necessary to form a *single* sum-number which indicates the physiological value and renders a numerical estimation of each other possible. For this purpose the *plus* and *minus* values in the series of potency-numbers, which in the table are given for every potency, were added and from these by subtraction of the minus-values from the plus-values, and *vice versa*, the sum was found. This is done in the large table, No. 1, in the three last columns. Also the sum-numbers of course again are subdivided into *plus* and *minus-values*, *i. e.*, into numbers of

animation and paralysis, and hence they received the corresponding signs.

(c.) *The Source of Error.*

Since we have to deal with physiological but not astronomical measurements, only two things are to be considered :

1. A fault of the chronoscope : after finishing the decade, the hand returns to its zero-position. In this operation it often happens that the hand remains a number from zero. Even if this would happen each time, which is not the case, this would for the decade-mean give only 0.4, and is therefore of no consequence whatever.

2. Of more importance is the physiological fluctuation, *i. e.*, how much do the decade-means obtained under equal proportions respectively at the equal object differ. Here is the question :

(a) Of the *rest*-number.—I have, as said before, taken measurements on four days. The following table gives the rest-numbers obtained each day in milliseconds *seriatim* with the maximal difference each day and at the close, with the maximal difference from all 19 rest-numbers of the four days.

Rest-Numbers.

Jan. 19th. 92.7 ; 90.8 ; 91.0 ; 91.8 ; 90.3 ; 92.2. Maximal difference, 2.4.

Jan. 20th. 89.5 ; 91.1 ; 89.2 ; 90.0 ; 89.1 ; 89.6 ; 90.6. Maximal difference, 1.9.

Jan. 21st. 90.5 ; 91.9. Maximal difference, 1.4.

Jan. 25th. 91.9 ; 90.8 ; 90.2. Maximum difference, 1.4.

Maximal difference of all four days, 3.6

(b) Of the *water*-numbers which had been taken as the basis for the calculation of the medicine-action. The following table likewise throws light on this point, as the former, but not in absolute numbers, but by giving the difference in per cent. of the rest-numbers obtained previously.

Water-Numbers.

Jan. 19th. +1.4 ; -0.2 ; +1.1 ; +1.4 ; +0.3 ; -1.2 ; +3.4.
Maximal difference, 4.6.

Jan. 20th. $+0.5$; $+2.9$; $+1.2$; $+1.6$; $+0.4$; $+0.4$; $+2.5$.
Maximal difference, 2.5.

Jan. 21st. -0.7 ; $+1.1$. Maximal difference, 1.8.

Jan. 25th. -1.3 ; -0.3 . Maximal difference, 1.3.
Maximal difference of all four days, 4.7.

From this results for our medicine-numbers that differences of the decade-means of the table and of the curve, which amount to less than 5 per cent., are within the limit of error, but what amounts to more is of significance. Besides, since the measurements furnish differences which extend to the amount of 20 times of the possible quantity of error, the numbers cannot be questioned from this standpoint. Finally, since the physiological errors consist of opposite values, plus and minus, they cancel themselves mutually in the sum which is obtained by addition of all the values.

(d.) *The Significance of the Numbers.*

The reader sees upon the great tables numbers of *three kinds*:

1. Those with *plus* signs: they signify, as already mentioned, an increase of velocity of the measured motion of life, are therefore the expression of a factor which accelerates the vital function, therefore develops "power" and acts the stronger, the greater is the number.

2. Those with *minus* signs: they signify a decrease of velocity, therefore are the expression of an influence which hinders, retards, paralyzes the vital motions, and acts the stronger, the greater is the number.

3. *Cyphers*.—They are only used when the difference in per cent. between water and medicine-number did not exceed the value of 0.5; they therefore signify *indifference*.

4. Among the numbers with plus signs those of 50 and higher are in bold face type. As soon as the animating action reaches or exceeds 50 per. cent, I observe upon myself *cramp*-symptoms, which later on will be considered extensively on account of their fundamental importance. Therefore call these numbers in bold face type in the following investigation *cramp*-numbers.

(e.) *The Table.*

There is little to be said about the *external* appearance.

1. The first column gives the number of the measured potency. The three last columns are explained above. The last is the most important, because it contains the numerical result of the *healing power* of the respective potency.

2. In regard to the upper horizontal line, with the statement of the *minutes*, the following must be said: The accurate measurement of the material power by Neural Analysis depends very much upon the prevalence of the utmost repose of mind during the measurement; neither the degree of concentration of attention nor its direction should be changed. Both would happen, if during the measurement of the decades one would simultaneously have to observe the second-hand of the watch and watch over their coincidence. Hence the marking of the minutes is the office of the assistant, and the measurer need not care about it. Therefore an exact division according to minutes *per se* is not feasible. To this must be added: The measurement generally furnishes in the minute 10 decade-numbers; since the decade-mean is formed from 4 decade-numbers, it does not exactly tally with one minute, but 5 numbers come upon 2 minutes. Therefore, numbers stand on the limits between the 1st and 2d, 3d and 4th, 5th and 6th minute. Twice, viz., in the 23d and 25th potency, it happened that in the space of time of 2 minutes 6 decade-means occurred, and the reverse with the 4 potencies, which took more than 7 minutes for measurement, the velocity of measurement slackened, so that only 4 decade-means came upon 2 minutes. This, of course, is not without influence upon the sum, but the result is not altered in the least, nay, the sum have a few points more or less.

3. From the table it is seen that the time of measurement of the various potencies was not equally long. I commenced at the lower potencies and continued to measure till I obtained several times consecutive numbers which coincided with the water-numbers, and I looked at this as a sign of the cessation of the action. This occurred in the 3d, 5th, and 7th potency at the

6th minute, in the 9th, 13th, 15th, at the end of the 5th minute. The 11th potency was the first which caused me to continue to measure. Since in general the return of the water-number under increase of the degree of potentiation showed a tendency to retardation I followed up the 25th and 27th in the 7th minute, the 30th in the 8th, and then continued to work the 50th for 10 minutes; this indeed had not been necessary, for the last mean-number, which is outside of the limit of error, is the first in the 8th minute; what then follows are 4 cyphers, once a +1 and a -1 cancelling themselves, and -3 being within the limit of error. The 100th potency was treated in the same manner and thereby the conviction (see the numbers) was gained that with the end of the 7th minute also here the action had ceased. Only then I went back again in order to solve the question whether in case of insufficient potentiation of the medicine which produced no animating effect, the organism perhaps afterward performed a potentiation. Then, especially in order to find out all about the favorite 6th potency, I took a second measurement of the 7th potency lasting 10 minutes, and this is incorporated in the table. As this second measurement (see the numbers) showed that I was right, when I, the first time, interrupted the measurement at the close of the 5th minute, for with a single very slight exception (+6) the 14 numbers of the 6th to 10th minute move within +3 and -1, are therefore within the limits of error.

4. In order not to make the table too broad, the measured tails in the 7th, 50th, 100th, and 1000th potency have been added in a second row.

(f.) *Theoretical Preliminary Remark.*

In order to state the fact, that *much* matter, *heavy* matter, too—concentrated substances paralyze, saturate, retard the vital functions, and inversely small quantities, light, volatile, and attenuated substances animate, accelerate the vital motions, no Neural Analysis is needed; this is the experience of daily life and it is apparent. But a general question recommends itself.

The above statement *shows* that every substance disposes as it

were of two *opposite* factors, a *retarding* or an *accelerating* factor. How can that be? What is the one and what the other? This must be clear before any explanation of the phenomena can be attempted.

The answer to this question is already in the sentences which enunciate the statement of the facts.

1. What is *paralyzing* or *retarding*? *Much* matter, *heavy* matter, concentrated substances. This immediately brings us to weight in the heavy substances, *e. g.*, metals, indirectly in regard to the much and too concentrated matter, because here the concept of the *mass* by which the weight is increased, intervenes. The factor can also be called *inertia*, for heavy substances have sluggish motions, likewise great masses, and the concentrated substance is in want of space for motion.

2. What is *animating* and *accelerating*? Also here the answer is already in the words *light* and *volatile*. But here weight is not sufficient: one can indeed accelerate a motion mechanically by *diminishing* its weight, but never by *adding* to it another, ever so light weight. Under these circumstances a plus of the motion is by no means added to it. In order to accelerate a motion a *new* motion must be added to the existing one. In regard to this, however, it again is evident; if I shall add to a motion a *new* one of *less* velocity, therefore a *slower* motion, this signifies for the first one a loss, a *retardation*. If the velocities are *equal*, it remains as it was, nothing happens. Only when the newly-added motion has a *greater* velocity, it produces an *acceleration*. This brings me to the word *volatile*, to the fact that a substance is the better suited to produce acceleration of the vital motions the more volatile it is, and with this word we arrive at the factor "velocity of motion."

Now we are sufficiently prepared for the understanding of the fact which the irresistible logic of the numbers of our table preaches, and we can inasmuch as we desire it at all—for there are alas! people who do not want to understand in such matters—understand what happens in the potentiation of a medicine-substance. Whilst the quantity of the substance existing in the equal space (*e. g.*, the equal quantity of alcohol or the deter-

mined cubic contents of a living being) is diminished, the velocity of its *internal motion* is *increased*, not in quite equal but in similar manner (see my work on action of matter in living beings) as in *warming*, or it assumes the properties of a *volatile* substance, and these increase with the increasing attenuation, as the table clearly shows.

Hahnemann with perfect justice has called the process of attenuation "*Potentiation*," for it is indeed an *augmentation* of *force*; this is proved irrefutably by the physiological action, and it remains, now only to investigate, whether this force is the same which the physician calls the *healing power*, the *vis medicatrix*. Of this we shall speak further on, here we only want to add: if now in accordance with the modern molecular physics we call the phenomenon an increase of the velocity of the interstitial molecular motion, only this shall be said of it, that the phenomena observed and maintained by Hahnemann and thousands of his successors can be inserted perfectly and in the simplest manner in the scholarly frame of the physical theory and if then an extension of the limits of a city—I wanted to say of a conception cannot be avoided, this extension must even take place, for if a conflict between theory and fact occurs, the first must surrender unconditionally. I can throw the whole problem like a nut to be cracked at the physicist with a single word, the word *volatile*. But let us now pass from the theory to the fact; the theory will afterward at the hand of new facts, reappear again.

(g.) *Examination of the Table.*

Third potency.—The first two numbers show the animating *first-action* sufficiently dilated upon in my former publications. It arises from the gradual diffusion of the substance entering the *primæ viæ* and from these into the whole circulation according to the laws of diffusion, and, of course, arrives in the nerves and muscles first in much lesser concentration, hence the first number is the highest, the second already smaller by one-half. The third shows already 25 per cent. paralysis, and thus it continues through the whole series, till at the close of the

sixth minute the action ceases. The sum -255 as a proof that the physiological action of this potency—the favorite third trituration—is nothing else than the paralyzing poisonous effect of the allopathic medicine-doses.

Fifth potency.—This is the same, but a slight amelioration is visible, (a) the numbers of the first action are better, their sum is greater; (b) the greatest paralytic number which with the 3d potency was -40 , is here -32 ; (c) the sum, however, has gone back from -255 to only -251 , which is still within the limit of error.

Seventh potency.—(a) Here the beginning is very instructive, since the *increase* of the *volatility* of the medicine shows itself in that the animating first action appears only in the first number; the substance has entered the blood and nerves quicker and thus the full action of this dose, a paralytic one, appears quicker; (b) the paralytic values are throughout lower, the maximum is with -21 by 11 lower than that of the 5th potency; (c) in the last case decided traces of an animating after-action appear; $+3$ is indeed within the limit of error, but $+6$ surpasses them within one and the same series of measurement; the physiological limits of error are much narrower than in two different series done at different times. Hence, I do not hesitate to consider also the plus-values.3, which occur three times, and the $+2$ as a sign that a medicine-action is there, and in this way: the body endeavors to restore the disturbed equilibrium to indifference by secretion of the medicine-substance, but in this effort it shoots beyond its aim. As the variation of small plus and minus values lasting through six minutes show this action struggles in vain for the mastery, and at any rate, nothing of value can be reached by it. Finally the sum of -80 condemns also this potency as insufficient, though it is only higher by one than the favorite 6th of the homœopathic domestic medicine-chests.

Ninth potency.—Again an increase which appears in the following: (a) a considerable animating first-action encompassing 4 numbers; (b) an undoubted animating after-action corresponding with the deconcentration by the secretory process. These advantages cannot be canceled by the circumstance that the

middle phase of —25 lies 4 deeper than with the 7th potency, so that the sum now indicates by +21 that the Rubicon which must divide Allopathy and Homœopathy forever, viz.: *the point of indifference*, is passed—though hardly.

Eleventh potency.—This shows a more distinct increase than all the previous ones as already appears from the sums: the difference between the 3d and 4th potency is 44, that between the 5th and 7th is 131, that between 7th and 9th is 41, but that between 9th and 11th rises to 194 points. This increase of this potency, however, is owing only to a *one-sided* superiority, in reference to the *first action*, for this is higher and longer than that at the 9th potency, whilst the animating *after-action* is not much higher than that of the previous one. A further progress consists in the almost entirely lesser paralytic values of *the middle phase*.

Thirteenth potency.—This shows not only no increase, but even in the sum a decrease. Accident and error in measurement cannot be claimed for the explanation of this remarkable phenomenon, for it repeats itself from the 19th to 21st potency, from 23 to 25, and from 25 to 27. The occurrence, therefore, is owing to the nature of the case, and explains itself perhaps in this way: the *dynamic action* is always the product of *mass* and *velocity*. During potentiation evidently the *mass*, or, rather, in clinging to the molecular theory which we need not forsake for one moment, the *number* of the molecules decreases. If now, nevertheless, the motory effect does not decrease in the same amount, it proves quite incontrovertibly that the loss in mass is counteracted by the increase of the other factor, *i. e.*, of the *velocity*. It is thus not remarkable that degrees of attenuation occur in which the increase of velocity cannot quite replace the loss in mass or number and that the increase of power experiences a decrease or standstill. If we examine the series of numbers we see (*a*) increase in the appearance of the cramp-numbers in the phase of the first-action, and in the shortness of the middle phase with paralytic numbers and in the minuteness of these numbers; (*b*) the decrease is that the two periods of animation first and after-action last a very short while. This difference appears also in the two last columns; the sum of the paralytic values has gone down from 81 to 21; on the con-

trary, the animating values have not only not increased, but have gone down from 296 to 212.

Fifteenth potency.—This shows decided increase (*a*) in the first time, inasmuch as for the first time the minus-numbers in the middle phase are wanting, *i. e.*, the *middle phase* of the *paralysis* is wanting which separated the animating phase of the first and after-action in all the lower potencies. A decrease of action is there indeed and a very decided one, but it sinks no more below zero. (*b*) The after-action which in the 13th potency rose only to +28, here breaks through with +42 much livelier than hitherto, and on this subject I will speak a little more in detail, because it is very instructive for the comprehension of the medicinal-action. As in the pursuance of the work shall be proved by numbers, the intestinal canal has a regulatory influence, inasmuch as it protects the tissues from too rapid and great working of the materials introduced in it, and that in two ways, *i. e.*, toward the poisoning as well as to the animating exciting directions I should like to express it thus: the intestinal canal tries to down the material action, and in this it also succeeds up to a certain degree, but its power fails in two cases: once when the poisonous action of the first dose is sufficient to break the resistance of the intestines by *paralysis* and then also when the *volatility* of the substance has reached a certain height. And here a difference shows itself in regard to *first and after-action*: with the first-action the volatile materials rapidly supervene, and the intestinal canal succeeds in the suppression of the after-action. The last succeeds only when the volatility does not experience any further heightening. (*c*) Finally the 13th potency differs from the 15th, also by the longer duration of the first phase of animation and by the sum being greater by 105 than that of the 13th potency.

Seventeenth potency.—(*a*) This shows in the sum the significant increase of 145, (*b*) this is owing exclusively to the first-action, and less to the height which it attains (+66 to 62 of the 15th p.) than to the duration of the cramp-stage, which lasts five times longer. The 15th potency has only one cramp-number (the 17 5c). The after-action is very insignificant.

Nineteenth potency.—This shows (*a*) a considerable increase of

power, from 441 to 556; (b) the peculiarity that the division in 3 phases, which we found to be regular even since the 7th potency, is here almost entirely wanting. It sets in at once with 5 cramp-numbers and then sinks, first gradually, later decidedly, and at last below zero.

Twenty-first potency.—Here we come a second time to a decrease in the sum, though only by 18 points. On proving the single values we find that this arises partly from the repetition of the middle phase with the lower numbers, so that again first and after-action can be discriminated (the last only very insignificantly), partly from the fact that it is one cramp-number less.

Twenty-third potency.—This shows again a considerable increase of the sum by 121 points. This arises from a considerable development of the first action, for it consists of no less than 8 cramp-numbers. The remission of action in the middle phase is marked by the number 14 distinctly, though weakly. The after-action of the third phase with the numbers 28—20 is distinct but still insignificant.

Twenty-fifth potency.—This shows a decrease by 24 points in its course so far a unicum as it is subdivided into five phases instead of three, since the first action is split by a phase of depression. To the high first number 70 follows a going down to 30, and this lasts into the third minute, in which only, with 4 energetic cramp-numbers, a lively action is indicated. Only in the beginning of the sixth minute the remission of the action ensues with —1, which corresponds with the middle phases of the other curves, and then a moderate after-action with $22+16=38$ points takes place.

Twenty-seventh potency.—Again, a decrease by 66 points and another likewise irregular picture behind in the region where otherwise the moderate after-action of animation takes place, a not inconsiderable abatement of the action with —16 and —25 ensues which has been marked already since the 19th potency. Its interpretation is perhaps best rendered by the word "fatigue" (from the previous cramps), otherwise the curve shows the ordinary picture: between two phases with cramp-numbers of which

the first is longer than the second (in the 25 it was the reverse), a depression is expressed by the numbers 26 and 33.

Thirtieth potency.—This is the potency especially preferred by Hahnemann, and our proving is in perfect accordance with it. Already the extraordinarily high sum 999 appears like an event. The greatest increase of the sum in a difference of 2 potencies hitherto was 194, and should, with a difference of 3 potencies (27—30), amount to only 291 points, but we have a difference of 420 points. Here, therefore, we have the *greatest increase of the whole past series*, and this one circumstance must have been observed by Hahnemann. The second is the colossal likewise hitherto not existing development of the *after-action* which here occurs in the equal strength and duration as the *first action*. Every one consists of 6 cramp-numbers, and both are separated by a short but deep decrease of action going down to the number 4. The new experience therefore is that the after-action, which hitherto was very insignificant, breaks through victoriously. In the potencies from 17 to 25 it is so small that it could be overlooked by one who operated without Neural Analysis like Hahnemann. This was no more possible at the 30th potency, and had to make an impression of a new event: therefore, conformity of Hahnemann and Neural Analysis.

Fiftieth potency.—If we consider that between this and the 30th potency are 10 centesimal potencies, the increase of 74 points is very modest. It is also interesting that the mode of process coincides exactly with that of the 30th potency. The *same* equilibrium of first and after-action (only somewhat higher), and the *same* middle-phase of a remission (only likewise higher).

Hundredth potency.—The difference in the sum between the 30th potency with 999 and the 50th potency with 1,073, amounts to 20 decimal potencies $\frac{74}{20} = 3.7$; hence, every decimal potency increases the action of the medicine by 3.7 points. Now, the 50th and 100th potency differ by 50 potencies, and the sum of the 100th potency gives a plus of 148 points, therefore, a round increase of 3 points per potency; hence, the gain between 50 and 100 is less than between 30 and 50, but (for all that) worth a great deal. Further on the cramp-numbers reach into the 90's.

Thousandth potency.—Here friend Goullon cries: "What

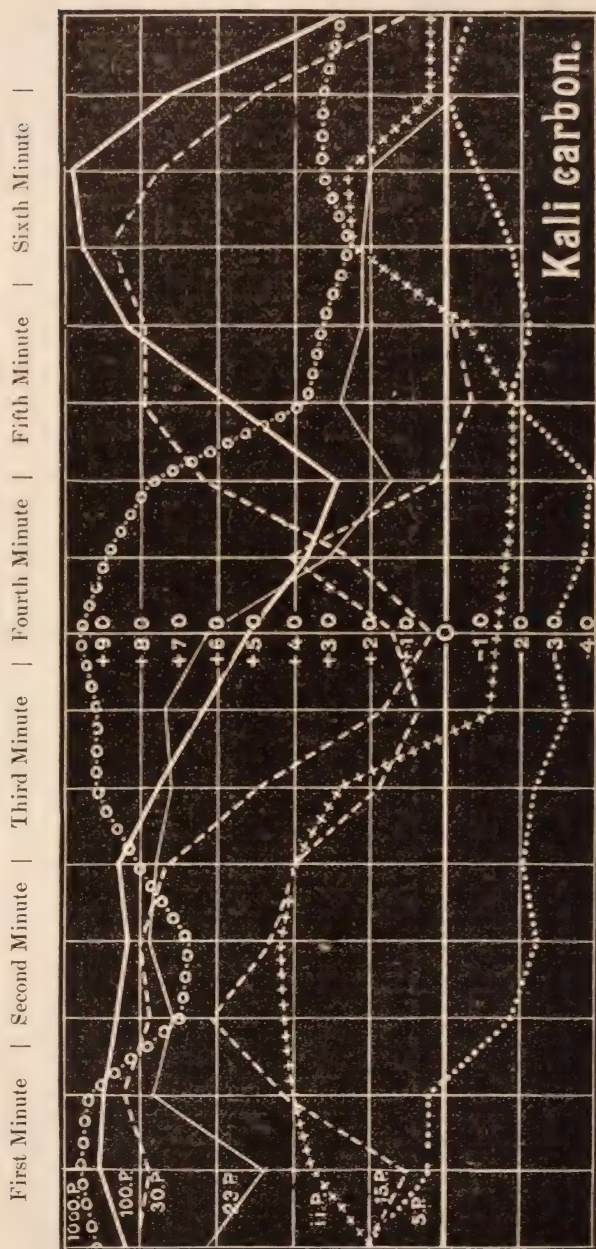
for?" to which I now answer, "for that," *i. e.*, to the following: the increase from 1,221 to 1,463, therefore by 242 points, has been laboriously reached under the production of 450 centesimal potentiation, which shows in the mean only a gain of half a point upon every centesimal potency, but it is not to be despised, and much less if we contemplate the series of numbers; for (*a*) this shows a highly important event: the action has for the first time a strikingly long tail. Hitherto the end of the action was reached in the beginning of the eighth minute, and here it continues into the 14th minute; this is a *Norum*. There is in it this circumstance worthy of observation, that here no cramp-attacks occur, but the after-action is a gentle and singularly equable one, expressed still more distinctly in the decade-number than in the decade-means of the tables. (*b*) Also, the *first* part of the series shows the power of this potency most clearly, because here without interruption 11 cramp-numbers, with the high total sum of 942 points occur, against 9 with 709 points in the 100th potency.

Herewith the reading of the first table is ended, and I hear the reader ask: "Why is it ended?" "Why not now the 2,000th, 3,000th potency?" To this I answer: in my first separately-published *Neural Analyse der Homœopathischen Verden-gungen*, later in the third edition of *Entdeckung der Seele*, I have published my provings of attenuations beyond the 1,000th potency, and since I am firmly convinced that I would only find the same result, and that then I would have to say nothing else, as what I did before, I broke off with the 1,000th potency.

(h.) *The Curves.*

It contributes decidedly to the strengthening of the contemplation, if in all investigations which furnish numbers the same are used to make a *graphical* demonstration. This is done in the above, but with two limitations (*a*) of the 17 different potencies only 7 were demonstrated. In order to bring all 17 upon one net, a double size in every direction would have been necessary and even then an easy survey of the course of the lines would not have been possible without the application of different colors; (*b*) The curves give only every 17 numbers

Neuro-analytic Curves for 7 different Potencies of Kali-carb.



of the table, therefore a space of time of somewhat over 6 minutes, for otherwise the drawing could not have been inserted in the frame of the text.

On the formality of the curves the following must be said : (a) the horizontal lines of the net determine the height of the measured number. The scale is marked along the perpendicular middle line and like a thermometer-scale indicates two values : Above the thick line of *indifference* marked zero the value receives the + sign (animating effects), below the minus sign (paralyzing effects). The numbers of the scale go from *ten* to *ten*, the lines from *twenty* to *twenty* because the drawing of more lines would have encroached upon the clearness of the drawing. Since the lines have 10 millimeter distances a point corresponds with half a millimeter.

(b) The *vertical* line marks the chronological sequence of the numbers of the table, and the table of curves has therefore the same superscriptions in minutes as the Table No. 1.

(c) The single curves are regulated by writing in the first column the potency which it is to represent ; then by the different drawing of the various lines by which they can easily be compared.

Essentially new things are not presented by the table ; it only makes it possible to see at a glance what in the other table must be read out of the numbers by slow degrees. I can, therefore, limit myself to the following :

Fifth potency : (punctated line) passes only in the first two columns over the line of indifference, and does not rise above it at the close.

Eleventh potency : (line of crosses) shows distinctly the three phrases, the first and last above, the middle below the line.

Fifteenth potency : (lower line in dashes) shows distinctly the chronological coincidence of the decrease of action in the 13th and 15th potencies, but also that the after-action in the 15th potency follows much more rapidly by heightening of the volatility and the decrease sinks no more below the line.

Twenty-third potency : (fine uninterrupted line) shows distinctly the long duration of the first action and that here the

separation in a middle phase and a rising after-action is scarcely indicated.

The greatest similitude is shown by the 30th potency (upper dash line) and by the 100th potency (thick uninterrupted line) in the distinct separation of the curve into two hills divided by a dale, which also coincide very nearly in their position with the only difference that in the 30th potency both hills are equal, in the 100th of unequal height and breadth.

Thousandth potency: (line of rings and points) shows the superiority of this potency over all others in the 4 first minutes of the action by its *strength*. Of the circumstance that the superiority depends upon the longer duration of the action whilst the strength is less, only the latter can of course be seen on the table.

[TO BE CONTINUED.]

COVERED OR UNCOVERED?

(From *Guiding Symptoms*.)

BY JOHN DIKE, M. D., MELROSE, MASS.

BETTER FROM COVERING.—Acon., Aman., Am-m., Anthro., Ant-c., Arg-met., Arg-nit., Arn., Ars., Ars-hyd., Asim-tr., Ast-fl., Aur-met., Bell., Benz-ac., Caps., Caust., China, Clem., Coff., Corr-r., Cycl., Eup-perf., Gels., Hell., Hep., Hippom., Kali-bi., Mag-c., Mag-m., Natr-m., Nitr-ac., Nux-mos., Nux-vom., Phos-ac., Phos., Psor., Rheum., Rhust., Rumex., Samb., Sep., Sil., Squill., Stram., Stront-c., Syph., Thuj.

BETTER FROM UNCOVERING.—Amyl-nit., August., Apis., Ars-met. [feet], Ast-rub., Aur-mur., Borax, Bry., Calad., Calc-c., Camph., Cannab-s., Carb-veg., Chin-ars., China, Corr-r., Ferr., Fluor-ac., Hyos., Ig., Iodoform, Iod., Jatroph., Led., Lyc., Mane., Medorr., Merc., Mosc., Mur-ac., Natr-c., Nux-v., Op., Phos. [scalp], Puls., Sang., Sc-c., Spig., Staph., Sulph., Zn.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

THE PRESIDENT'S ADDRESS.

"THE MATHEWSON," NARRAGANSETT PIER, R. I. }
Tuesday, June 21st, 1892. }

The thirteenth annual meeting of the International Hahnemannian Association was called to order by the President, James B. Bell, M. D., of Boston, Mass., at 11.30 A. M.

The first business was the reading of the address of the President, James B. Bell, M. D.

DEAR FRIENDS AND COLLEAGUES:

It gives me much pleasure to welcome you to this thirteenth annual meeting of our *most noble* Association.

I feel it to be no want of modesty thus to designate this society of men and women, whose high calling it is to heal the sick in the only pure and perfect method known to man, by un-failing devotion to the divine law of cure, and by a strict adherence to all the principles that grow out of that law.

Our patent of nobility, too, comes rather from our calling than from ourselves.

However unworthy we may feel ourselves to be, and however imperfect in our attainments, yet we are called, as an association, to be the official and international custodian of the great legacy left to our race by Hahnemann.

A sense, therefore, of responsibility to humanity should guide all our deliberations, discussions, and conclusions.

In casting about for some practical subject for the time-honored "President's Address," it occurred to me that, as there is in the commercial world an indispensable process, albeit a dusty, musty, and laborious one, called "taking account of stock," and which has to be done once a year or else all business would come to a chaos, so it might be well and profitable for us, after thirteen years of existence as a society, to follow the same process, and to take a candid and honest survey of our assets and liabilities.

ities as Hahnemannians, of the discouragements and encouragements for our cause, of the things that are for us, and the things that are against us, that we may know, as well as we can, exactly where we stand, and may be able, on the whole, to press more closely together, and to carry on the work more bravely and steadily than before.

The chief value of such meetings as these comes from the inspiration which they give, rather than from the actual amount of knowledge imparted or received.

Working, as many of us must, almost alone, and by ourselves, we need very much, at least once a year, to experience the fellowship of numbers. This is also the time and place, in the sunshine of our united enthusiasm, to face those things that sometimes almost appall us, when they come to us in the darkness and solitude of our work. Let us drag forth then all those things that ever seem the worst to us, and balance against them all that seems the best, and see if we shall not feel repaid for doing so.

We might find something easier and more poetic to do, but nothing, I think, more practical. The influence of this process, I trust, will be to increase our assets and diminish our liabilities.

As against us, we will notice—

1. *Our comparative fewness in numbers*, here and in all the world. Our Society numbers in active living members about 150, and it would be a generous estimate, I think, to double that number, as representing in the whole world all those who may be called true Hahnemannians or who are becoming such.

If we have patients going to other cities, especially in the West and South, how rarely can we recommend a physician to them, and if the patients are going to Europe or England, we know of but five or six men in the great cities to whom we can safely entrust them. We have also lost 23 by death, in thirteen years, which is a large number for us to lose.

The American Institute has about 1,300 members.

What have we to put down as an offset to these facts?

Well, first, I think, *quality*—as mentioned in my opening sentences.

As I look over the roll of members, I should not know where to search in any medical society for men and women of an equal average of ability and character.

If I may judge those whom I do not personally know by those whom I do know, I feel assured that the average of mental power, of intellectual honesty, and general professional acquirements; of those qualities fitted to deserve and gain the confidence of the better classes, in all communities, is much above that of all other medical societies.

I do not wish to seem invidious in this comparison, but I think we are entitled to this comfort in view of our small numbers.

I cannot properly cite the names of the living in proof of what I say, but glance over the names of our honored dead, those of whom we know most: Baer, Ballard, Bayard, Brown, the Ehrmans, Fellger, Foote, Gee, Gregg, Hawley, Keith, Kenyon, the Lippes, Pearson, Wells. Does not the memory of these men sustain my claim?

In numbers, too, our increase has been satisfactory. In 1880 we had 16 members. In 1883 we had 88, and all were living. In 1886 we had 117 living, and 5 had died. If we add, as we expect to do, about 15 members this year, our total of 165 will represent a gain of 1,000 per cent. in thirteen years. But as that is made up in the first years, of those who were already confirmed in the faith, it will be more fair to take the last five years, which will give us an average gain of 10 per cent. a year. This will double our number every ten years and fairly represent the direct influence of this Association, upon the homœopathic profession.

Our large death-rate, we trust, will now be reduced, as we add each year so many younger members.

Our third offset to the fewness of our numbers is the extent of our influence as an Association. Influence is, of course, a hard thing to measure, but I feel it safe to assert that if this Association had not been formed thirteen years ago, there would

not have been one-half as many Hahnemannians as there are in this country to-day, nor would there be one journal of that type, one hospital, one dispensary, or one local *Organon* Society, or one post-graduate school. The parent society gives strength and courage to all these.

I have not had time to look over the recent Transactions of the American Institute, but I am informed by those faithful brethren who are good enough to attend the meetings of both societies that the papers and discussions have greatly improved in homœopathic tone, since this Association began to loom up as a power in the land. We know how much encouragement it is to the younger men and women who are coming on in the right path to find such a foster-mother ready to shelter and develop them.

2. But we must turn again to the other side of the ledger, and we must observe *the entrenched position of those who are opposed to us in almost everything but the name*. They have all the colleges and hospitals except an occasional teacher or staff attendant in some of them. They have all the journals but two. The graduates of those schools are rapidly increasing their numbers, and, as I much fear from what I can learn, deteriorating in Homœopathy, openly espousing and using the most anti-pathic and allopathic methods. The total number of so-called homœopathic physicians practicing in this manner in this country cannot be less than five or six thousand. They number many able, and I have no doubt, honest men of great influence in their respective communities.

If our patients or families find themselves in their localities, they will be strongly urged, if ill, to call the popular physician, and will probably do so, and get a dose of Morphine, Quinine, or Antipyrine before they get away. These men also have the control in most of the State and local societies, as well as in the Institute, and are thus extending their influence by their reports and discussions.

Per contra to the entrenched position of the "liberal" wing of our school, we have much to encourage us. Whether we will it or not, Homœopathy in the public estimation, in its legal and

social status, stands as a unit ; and the number of the physicians, the extent and work of the hospitals, schools, and dispensaries redound to the credit of all, and save us all from being pariahs, outcasts, and martyrs as were our predecessors of a generation or two ago.

Those representatives of our views who are attached to these institutions are doing good work so far as I know, and entirely unhindered by those with whom they are associated. I am sure that Dr. Wesselhœft and I have no fault to find with our colleagues in the Massachusetts Homœopathic Hospital, and we have often been pleasantly surprised to find the internes, who had been appointed solely on their merits, were also good Hahnemannians, and this without any effort or even knowledge on our part.

Three such, since graduated, are present at this meeting, or will be here.

I also expect that before we close this session, we shall have reports from several institutions already in existence, or about being organized, in addition to the Post-Graduate School of Philadelphia, and the Rochester Hargous Hahnemann Hospital. In many journals there are scattered articles and reports, which are sound and instructive in pure homœopathic principles.

We have now every reason to believe that if we are faithful and united we shall see these tangible and visible proofs of vitality and growth in the shape of new institutions and public services as the sure result.

3. We must turn again to the other side, and find our next count to be *the danger of disruption* even in our small body, and this danger never greater than now.

There have always been diverging elements and interests in this Association, personal, professional, temperamental, and perhaps geographical, and there is danger now that the centrifugal force may become greater than the centripetal.

The moon falls, as all falling bodies should, according to law, sixteen feet every second toward the earth, but it also travels just far enough in its orbit every second to find the earth curved just sixteen feet farther away.

If this balance of forces should be lost, something disastrous would happen.

Two bodies of equal weight, and moving with equal force, meeting at right angles, move off *together*, in a new direction. This resultant motion is *progress*. But if those bodies meet in opposing directions, the result is heat and destruction.

What do we find, now, upon the credit side of the ledger?

The spirit of union is stronger than the spirit of dissension. The spirit of brotherly confidence, respect, and even affection is stronger than that of doubt, discord, and censoriousness.

This has proved to be so for thirteen years, in spite of all tendencies to the contrary, and I believe it will be so still, only we must see to it that it is so.

The very cause of possible disruption is, to some degree, a favorable one. We cannot occupy the advanced position which we do, unless we are persons of strong individuality, deep convictions, courage, and strong wills.

We are not men and women of policy, but of principle. We are not lukewarm, but in hot and eager earnest in following our convictions. As these differ, the result will be a strong, centrifugal force.

But the balancing force is absolute unity in purpose and in fundamentals, and we must see that in all our discussions and decisions this balance is not lost.

Thus each of us, revolving in his own orbit, and together around the central sun of pure Hahnemannian principles, will form a little solar system of our own, with room for even a comet or two, with or without tails, and this will make an ideal I. H. A., both for the present and the future.

The resultant motion of heavy bodies, moving rapidly, and meeting thus at right angles will be progress and life, instead of injury and death.

I should be glad to utter a warning upon this point, the effects of which might last for many years—long after many of us shall have the star before our names upon the roll of members.

I am the more confident that this will be so, because I can conceive of no selfish or personal advantage to any of us in having it otherwise.

We all know the weakness of poor humanity upon the side of self, but we have not come into this Association for gain, whether of honor or of filthy lucre, or for the sake of having our own way. I have not heard that the Secretary or Treasurer has gotten rich out of it, or that any President, Chairman, or Censor has added in any way to his professional laurels by serving in the post to which we have called him, or that any of us have been gainers privately and professionally by our membership.

It may be different an hundred years hence, but I trust that the same simplicity and singleness of aim which brought us together will govern us to the end.

4. We come now to things which we have to meet in single combat. Let us group them together :

a. The popular impression that the old school has been much improved by the new, so that it does not make much difference after all what kind of a doctor is employed if he is only one who "does not give much medicine."

b. The popular impression that anything is homœopathic which bears the name, whether it is a doctor or a nostrum from a "homœopathic" pharmacy.

c. Popular indifference to the danger of the prevalent abuse of fashionable drugs, Quinine, Antipyrine, Bromo-caffeine, etc., and the difficulty of convincing people of this danger.

d. The popular love of dosing in general with nostrums, tonics, bitters, purgatives, plasters, and salves.

e. The difficulty in even semi-homœopathic families in keeping patients from taking the great variety of sure-cure mineral waters, and applying "Pond's Extract" to every accessible part of the human body.

f. The difficulty of impressing people with the true pathology, especially in chronic diseases, and thereby leading them to give sufficient time for their cure.

g. The popular impression, increased by the multiplication of specialties, of the necessity of local treatment for all sorts of affections.

h. The occasional failure of our best efforts and most faithful

labors, followed perhaps by the success, or apparent success of some allopathic brother in the same case.

These are enough for our present purpose.

Are there any encouragements to apply the only remedy to these difficulties, viz.—*a campaign of education?*

Can we overcome ignorance, prejudice, false conceptions, bad habits of thought and action, love of immediate ease and comfort, and the mighty weight of authority against us?

I think we can all see evidences of improvement along these lines.

In those families, and with those patients who have been long with us, we hear no more of those things. It is mostly with the new patients that we have these difficulties, and even with them it is often very interesting to notice how they gradually get rid of all these ideas and practices which trouble us.

I think we have every encouragement to persevere in giving the light of truth and wisdom upon all these points, but I want to pause right here to inquire if we are really doing it as we should, and how it ought to be done.

I spoke of the matter in my letter of acceptance and will now say further that I think we are very deficient in proper literature, simple, plain, brief-printed tracts or leaflets, fully explaining our philosophy, methods, purposes, and opposing the errors and practices of which I have spoken.

The year which marks the appearance of such a set of tracts or a variety of them will be a red-letter one in our calendar. Some of our most brilliant men or women must do the work, and let many of them try, and the fittest productions survive.

Let some of them deal with principles, some with abuses and errors, some with objections and difficulties.

Political parties and religious societies know well the value and importance of good expository literature, and make free and constant use of it. I am fully persuaded that the want of it is one of the greatest hindrances to our rapid and solid growth to-day. Personal interviews accomplish much, but quiet home reading will do a great deal more, impressing as it does the eye as well as the ear, and more lastingly. We need fear no rivals

in this field for a long time. We could use thousands of such tracts every year. I recommend that a committee be appointed to consider the whole matter, to invite and solicit members to take up the work, to receive and pass upon such tracts as may be presented, to accept such as meet the requirements, and to arrange for their printing in a neat and attractive style by the Association for its benefit, and having its imprint and approval.

5. There is another subject which is difficult to classify because it seems to be both for and against us, as we look at it from different sides, but on the whole I place it upon the credit side of the ledger.

I refer to the subject of recruits, whence and how they come.

There is a law in the making of pure homœopathists which the evolutionist would call the survival of the fittest, and the Calvinist would call the election of grace.

We all recognize this law, I think, but it has not received sufficient attention.

It is important that we bear it in mind in order that our efforts may be wisely directed toward increasing our number. The fact seems to be that not every man or woman under the most favoring circumstances can comprehend, accept, or follow the teachings of Hahnemann in their purity and completeness.

It is useless to waste time with such. They may have great ability and gifts in other directions, but they can no more become followers of Hahneman than many of us, perhaps, could become disciples of Mozart or Beethoven.

They have no ear for that kind of music. Do we not call to mind prominent men of decided talent, great industry, and devotion to their work, and who began their career under the best instruction, even under Hering, Dunham, or the elder Wesselhœft, and who ran well for a time, as we know by records of their former work, but who have now gone entirely over to the other side, and have put forth teachings which, logically carried out, would wholly destroy Homœopathy as it seems to us.

I am not going to attack them for this. The trouble is in their make-up, and I only cite them as illustrations.

On the other hand, how many of us have come up out of the

darkness of Egypt and across the waters of the Red Sea; have rowed up-stream and against the tide; have climbed from the shaded valley to the sunlit mountains, *always toward the light*.

Take our Sherbino or Cohen in the far Southwest, our Chapman or Martin on the Pacific, our Balch of the Northwest, or Holmes of Omaha. These men and many others, although cut off from the personal teaching and example of the fathers and brethren, yet how rapidly they have grown into the stature of full men in the faith.

We and they take no credit for this. We are made up that way. I doubt if any of us really could have been really mongrel homœopaths or allopaths any more than we could have been tight-rope performers or prize-fighters.

We should sooner have perished with disgust and disappointment if condemned to those delusive methods of healing the sick.

The law, then, seems to be that certain ones here and there will struggle toward the light as soon as their longing eyes perceive it. Our simple duty, then, is *to turn on the light*, to keep it bright, and to lead them gently to it.

That I conceive to be one of the chief functions of this Association.

6. I give you now one asset which covers all liabilities and leaves us a very large surplus. *We are in the right and we know it*. This may sound very bigoted, very narrow, very illiberal, and very opinionated to some, especially to our friends on the other side.

There are so many conflicting opinions upon politics, religion, and medicine that some would say that we can never know when we are right; that we must always be in a more or less hazy and uncertain condition upon all these subjects, just because other people are just as sure they are right as we are.

Now this view of things assumes that there is no such thing as certainty in anything, either because there is no abstract or concrete truth, or else that we poor human beings can never attain to it.

If this were true, our courts of justice, both civil and criminal,

might as well go out of existence at once, just because both sides appearing there for trial are equally sure of the justice and righteousness of their cause. But for all this the judges and juries hear the cases, weigh the evidence, and listen to the arguments, and on the whole reach wise conclusions and render substantial, justice.

With minds properly poised, in the judicial attitude, and with like processes we may do the same.

Somebody must be in the right, and why not we?

Homœopathy has now been on trial about eighty-two years, presenting now a great mass of evidence in the form of arguments, reflection, and experience, and our verdict is unanimous and cannot be set aside.

I do not believe you can find anywhere a hundred and fifty men and women who are more solidly convinced of the certainty of their position than we are. No failures can daunt us. No imperfections of knowledge or means can discourage us. No taunts or sarcasms can affright us.

Turn by contrast to the other side, whether in ours or the other school. A wide reading of the journals and best text-books will show you that our friends have some certainty in pathology and diagnosis, but when it comes to therapeutics they are practically agnostics. They *don't know* whether they are really doing any good or not, and the size of the "don't know" increases with their experience.

Sometimes, indeed, an occasional cure, with a similar remedy accidentally selected, will set them off all in a flutter to try and do it again in any case of like name, but with new and painfully disappointing results.

I am so thankful that I not only know that we are right, but I know it more surely every day, as the evidence accumulates from each day's work.

I do not forget that we sometimes have to say "we know," even almost through our tears, when after faithful work we see death at last the victor. But even here we can say this, as no others can, for the memory of many sure and swift successes of hard-fought battles won enable us to do this.

We have most of us shown the depth of our convictions, by trusting those dearest to us to the purest Homœopathy, in the most dangerous conditions, and I have no doubt that many of you, as well as I, have had your reward for this faith—in their speedy and perfect cure.

These convictions will doubtless be deepened by what we shall hear at this meeting.

We know we are right because we are founded upon the immutable laws of nature.

Here is a paradox: We *conquer* nature in proportion as we *obey* her laws.

All progress in the sciences is but a record of greater *obedience* to laws which were either unknown or but partially understood before.

All the recent progress in electrical science and art illustrates this, and there are yet whispers of yet much greater things in this department, just at hand, all to be yielded to better knowledge and better obedience.

Now we want to be just as broad and just as narrow as nature and nature's laws, and I can conceive of no other rational place for a rational man to occupy.

Bigotry, exclusiveness, or narrowness do not reside in the intellect—not in the strength or firmness of intellectual convictions, but in the *spirit toward others* with which convictions are held.

It will be a great gain to scientific progress in many directions when this fact is more fully apprehended.

CURES BY LYCOPODIUM.

DR. HESSE, HAMBURG, GERMANY.

Translated by A. McNeil, M. D., San Francisco,

I.

An emaciated woman of sixty has suffered for two years from vomiting of food that occurs after every meal. She had bitter taste. She is always *full of flatus* and has constipation. She *must lie on her back with her head high*.

She received on September 17th, 1889, five powders of *Lycopodium*³⁰, one to be taken each evening.

October 5th, vomiting has ceased and her appetite is better. Placebo.

I did not hear from my patient till May 3d, 1890, when I was informed that she had remained perfectly well.

II.

Frau M., *ætat.* forty, has complained for years of *swelling of the abdomen toward evening*, often from about 3 P. M. *Frequent urination at night.* Pain in the region of right ovary since a confinement six years ago. *Much flatus; cabbage, beans, and peas disagree; she can lie only on her back; swelling of the feet toward evening; cold feet.*

October 11th, 1889, *Lycopodium*³⁰, five powders, one every evening.

November 11th, is considerably improved in every respect. She would not have returned on account of the abdominal distention, swollen feet, etc., if she had not been for some time temporarily troubled with other complaints. She suffers much from coryza, toothache, and slight pains in swallowing when she catches cold. She has suffered much from nose-bleed also.

I again gave her *Lycopodium*³⁰, six powders, one each evening. I have in my notes that Sulphur is the most appropriate remedy to remove the pains which resist *Lycopodium*. However, she did not return, but I learned incidentally on April 1st that she has had nothing of which to complain since my last treatment.

III.

Frau Gr., *ætat.* forty-eight, has suffered for years from gastric troubles. *Everything she ate turned to gas, particularly fruit, black bread, beans, and peas.* Stomach and abdomen swell toward evening. Appetite moderate, no thirst. *Can lie only on her back.* Tearing pains in the soles of the feet. Heat in the feet, they are never cold. Neck becomes stiff on catching cold, particularly if the weather is rainy. Menses every three weeks, often black and lumpy.

November 12th, 1890, *Lycopodium*³⁰, a powder every week for six weeks.

January 2d, 1892, I find in my notes that she did not return, as the first powder helped her.

Kunkel characterizes *Lycopodium* briefly and clearly as follows :

Dry, withered skin, tendency to eruptions, very conspicuous is its effect in flatulent complaints which appear in the afternoon (characteristic from four to eight), with congestion to the head and heat of the face with cold or wet cold feet. The air of a warm room is unpleasant. Sleeps on his back with his head very high. To lie with his head low or on his side is impossible, and warm covering of the head also, and covering of the head is often intolerable, and also sitting long or eating enough disposes to formation of acids in stomach and sour vomiting.

Lycopodium is one of the most sharply characteristic remedies, and in cases where indicated, the beneficial effect may be predicted and the action of the thirtieth potency demonstrated to the unbelieving. A sensitive lady, whom I cured with *Lycopodium* (except a few doses of *Sepia* in the latter part of the treatment) of an asthma of years' standing, after every powder of the thirtieth had been attacked by an immense distention of the abdomen which lasted several days. It was a form of asthma such as Farrington, whom one never opens without learning something from, describes, under *Nux-vomica*. He says : " *Nux* many times is useful in asthma, but it is that which arises from gastric disturbance and is usually not a purely nervous disturbance. It is attended by a feeling of fullness and pressure in the stomach, which comes particularly after a good meal, and he must loosen all the clothing about the hypochondrium. The abdomen is distended by flatus. Eructations relieve their asthmatic condition. *Carbo-veg.* and *Lycopodium* may be indicated in asthma with abdominal irritation with pronounced flatulence." In the case of the above-mentioned lady my decision for *Lycopodium* was made on account of the aggravation in the afternoon and evening and amelioration, and which was the only amelioration, by walking in the open air.

At present I have a cigarmaker under my care whose symp-

toms correspond to the above description of *Nux* asthma. Cough and shortness of breath ; worse after midnight, and by moving ; better by eructations ; stomach and abdomen always distended ; feeling of a rope about the bowels that troubles him very much. I gave him without benefit and very incorrectly *Kali-carb.* on account of the aggravation about 3 A. M. On my following visit he told me that he took the medicine about 4 A. M., then he became extremely cheerful, and afterward slept again and awakened after it relaxed and tired. This, with the distention of the abdomen, decided me to give *Nux-vomica*. Some days afterward I read in *Farrington* the above points. This shows clearly how with advantage one leaves the name of the disease out of consideration and regards only the totality of the symptoms, and how the symptoms, kept in the background by the patient, may point out the proper remedy.

Often with *Lycopodium* we find only an aggravation toward evening, but often also exactly between 4 and 8 o'clock. A pulmonary hemorrhage that had continued eight days was immediately stopped by *Lycop.* Decisive for its selection was fever exactly from 4 to 8 P. M.—intolerance of a warm room. The latter is seldom or never absent when *Lycop.* is the remedy. The desire for fresh air is uncommonly characteristic and often so great that even in an unheated room the doors and windows must be kept open. Several years ago *Lycopodium* did me good service in many severe cases of diphtheria when the intolerance of a warm room and fever appearing or increasing from 4 to 8 P. M. decided me. Soon after I learned that with our American colleagues *Lycopodium* took a justly entitled place in diphtheria which had its seat in the right tonsil or started from it, with the nose stopped up. It is seldom in these cases that there are not other symptoms of *Lycopodium*.

It is well known that it was with the drug picture of *Lycopodium* that Dr. Chapman, in 1889, demonstrated that Homœopathy had a unifying principle, and that allopathy was destitute of any such.

[The particulars are so well known to all American homœopaths that it is a work of supererogation to repeat the experiment.—Trans.]

DIPHTHERIA—A CASE.

L. HOOPES, M. D., WEST CHESTER, PA.

Miss R., aged about twenty, black hair, dark complexion, had diphtheria. Pain in all the limbs, back and head, high fever, nervous and restless, chills and heat alternate, fears she is taking typhoid fever. Sore throat commences on left side and went over to the right. Deposit upon and above both tonsils of a dirty yellow color; mucous membrane of fauces livid, and looked as if varnished; throat not sensitive to touch externally, complains of burning over whole body. Gave Lac-can^m, one dose in evening. Fever, nervousness, and pains disappeared within three hours and she slept well all night, which she had not done for three nights previously. Membrane all disappeared within thirty-six hours and steady improvement for three days, when returning soreness of left tonsil with sensitiveness to external pressure required a dose of Lach^{2c}, which relieved at once and the patient was discharged well.

A FEW CASES CURED WITH THE HIGH AND HIGHEST POTENCIES.

J. EMMONS, M. D., RICHMOND, IND.

[Read before the Indiana Institute, May, 1892.]

CASE 1.—Mr. M., aged thirty-five, dark skin, black hair, bilious temperament, had an attack of la grippe, followed by what his physicians (of whom he had five, four allopaths and one eclectic) called cerebro-spinal-meningitis with its complications. For six weeks they had been bombarding the enemy without relief. He told me his drug bill aside from his doctors' bill was \$35. By some mysterious providence he was moved to call me.

Symptoms—Pain in the base of the brain, continuous but much worse *every evening*, so that convulsions and insensibility were the result occasionally. The only relief was from *tight band-*

aging and cold applications. He would cry and could not help it when the pains were the greatest. Diagnosis, neuralgia, prescription, Pulsatilla^{cc}, three doses three hours apart relieved him in twenty-four hours, and he made a good recovery without any more medicine.

CASE 2.—Mr. D., aged thirty, married, fair skin, light hair, etc. He, too, had been a victim of la grippe for six weeks, had a constant headache (neuralgic). Had taken large doses of Quinine, Antipyrine, and all the fool cures that doctors and some that were not advise, from which he received no benefit, but grew worse. Finally the spirits or some other influences induced him to send for me. I found him wringing his hands, pressing his head, swaying his body, and groaning with pain, pain continuous but much worse in paroxysms, pain *through the temples* from one to the *other*, sensation as if an iron bolt was passed from *side to side* with a nut on each end and was *being screwed up*, was *hungry all the time*. Phos.^{cc}, three doses three hours apart. Reported at my office in twenty-four hours free of pain, a thing that had not been for six weeks, a good recovery without more medicine. I have underscored the symptoms that led to the remedy.

BOOK NOTICES.

CHILDHOOD. A monthly magazine of all that concerns the welfare of the child will shortly make its appearance. It is to be edited by Dr. George W. Winterburn, with the assistance of Miss Florence Hull. It will "contain common sense teaching, which shall clearly reflect the best thought and work of the human mind in all that concerns the welfare of the child."

"Not confining itself to the departments of either physical welfare or intellectual development, it will cover both of these and extend beyond either in considering everything that bears directly or indirectly upon the symmetrical and healthy growth of the child." Each number will contain sixty-four small quarto pages. It will be published by A. L. Chatterton & Co., 78 Maiden Lane, New York, and the subscription price will be one dollar a year and ten cents a number.

TRANSACTIONS OF THE FIFTEENTH ANNUAL SESSION OF THE
CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.
Held at San Francisco, Cal., May 13th and 14th, 1891. Vol.
II. San Francisco, 1892.

This is a pleasant-looking little volume of some two hundred pages, and does credit to our brethren in California. High potencies do not seem to be much thought of by most of the writers, as shown by the discussions following the reports of cures made with them.

The most interesting reading to us was a paper sent to the Society by Dr. S. Lilienthal, entitled, "Homœopathic Therapeutics." On account of sickness he could not personally attend, and the paper was read by his son, Dr. J. E. Lilienthal. In this paper he gives the Society some good advice, and urges it to be true to pure Homœopathy. He tells the Society of a physician who once told him that before starting out on his daily rounds he prayerfully read a part of a lecture contained in that great work, *Homœopathy, the Science of Therapeutics*, and that he felt strengthened by its perusal, and that his patients got the full benefit of this pious act. Lilienthal adds that it is his fervent prayer that the members of the Society may follow the example of this physician, because of reading this great work of Carroll Dunham they would know all about homœopathic therapeutics.

Good advice! Accept and practice it, all ye followers of Hahnemann, and do not let this bacteriological craze turn your heads, but cling now and forever to the strict inductive method of the master. W. S.

TRANSACTIONS OF THE TWENTY-SEVENTH ANNUAL SESSION OF
the Homœopathic Medical Society of the State of Wisconsin,
held at Milwaukee, May 26th-27th, 1891.

To judge by these transactions, our friends in Wisconsin had a very pleasant and profitable meeting.

There is a paper in these transactions from Dr. Eugene Storbe, Denver, Col., on "Homœopathic Literature." He first calls attention to the Homœopathic Medical Journals. One after the other is made to pass review before the mental vision of the critic. All of them fare well at his hands, with the exception of the *Journal of Homœopathies* and THE HOMŒOPATHIC PHYSICIAN. "The doughty *Journal of Homœopathies* was for a year the sole theoretical mouth-piece of the entire profession. New York was the illustrious home of this literary freak. The periodical was a very peculiar one, in that it assumed the guise of an echo, which repeated the mystical and ethereal statements of a Finckean philosophy. It was a good journal—that is, it was good in this sense, it died young. The direct cause of its early demise, I am informed, was a literary marasmus, complicated by a diarrhea of high-sounding terms. It reached out into the unattainable, dived down into the unfathomable, and never brought up practical facts. It seldom contained anything of consequence in its columns. Its philosophic aspi-

rations paralyzed its literary usefulness, and it died full of hope that the medical world would suffer a cataclysm thereby. Its five-dollar subscriptions, which did not come in, would not admit of its further continuance, and it was placed in an early and timely grave. In the language of the Hiberno-Latin epitaph 'let it R. I. P.'"

Now, is not this nice? Written by a so-called homœopathist! Doctor, if I did not and could not harmonize with the Hahnemannian homœopathists, I should surely not abuse them.

"THE HOMŒOPATHIC PHYSICIAN is an alleged journal of our school and is published in the Quaker City. It is edited by a man named James. *We have never seen a copy of the work*, but from opinions we are able to glean of its character, is of the same order as the *Journal of Homœopathies*. It is engaged in admiring itself and abusing its neighbors."

The doctor has never seen a copy of THE HOMŒOPATHIC PHYSICIAN and never read a number, and still he claims that we are engaged in admiring ourselves and abusing our neighbors. What logic. No, doctor, we abuse nobody. We may criticize the practice of many pseudo-homœopaths, but abuse, no, never. According to the Lutheran classification of the ten commandments, the eighth commandment reads: "Thou shalt not bear false witness against thy neighbor." Doctor, procure Luther's Catechism and read the commentary.

W. S.

AN ANALYTICAL SYMPTOMATOLOGY OF THE HOMŒOPATHIC MATERIA MEDICA, by Rufus L. Thurston, M. D., and Samuel A. Kimball, M. D. Boston, Mass. Printed by Wm. B. Libby, 16 Arlington Street. 1892.

This publication consists of a fascicle of twenty-four pages of a new materia medica that is designed for use at the bedside. Our readers will remember seeing an announcement of it in the May number, at page 223. The present issue contains Abrotanum, Absinthum, Acetic Acid, and part of Aconite. Every homœopathic physician will need it and its issue should be hastened by all subscribing for it. Subscriptions may be sent to Dr. S. A. Kimball, 124 Commonwealth Avenue, Boston, Massachusetts.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS, GYNECOLOGY, AND PEDOLOGY, for July, contains discussions on nearly a score of topics, all of them of vital importance to every physician in general practice.

In pursuance of the purpose to give each issue of the *Journal* a character of its own, Dr. Winterburn devotes this entire number to the consideration of the diseases of children. As will be remembered, the May number of the *Journal* contained a notable symposium on the repair of the lacerated perineum, in which thirty prominent gynecologists and surgeons took part. The July issue is increased to 128 pages, and contains contributions from thirty-four prominent physicians, including all the papers in pedology read

at the recent meeting of the American Institute of Homœopathy, at Washington, and six papers read before the New York Pedological Society, beside others. Dr. Winterburn also contributes about fourteen thousand words in the form of editorials, therapeutic hints in the management of diseases of children, book reviews, and an address delivered at Albany, last February, entitled "The First Hours of Life."

The leading article of this number is by Dr. Talcott, of the Middletown Asylum, on "The Insane Diathesis," in which he sets forth in glowingly eloquent words the causes of insanity.

Dr. Millie J. Chapman, in her bureau address on pedology, before the American Institute of Homœopathy, makes a study of three great H's—Hygiene, Heredity, and Homœopathy. President Nottingham, of the Michigan Homœopathic Medical Society, calls attention to the connection between croup, chronic enlargement of glands, and tuberculosis. This admirable thesis should be in the hands of every practitioner of medicine.

To mention only a few of the other good things in this number: Prof. Crank, of Cincinnati, discourses on coryza in childhood as a neurosis; Dr. Johnson, of Sullivan, Illinois, deserves special praise for his interesting paper on the care of infants; Dr. Helena M. Cady has a thoughtful little essay on "The Needs of the Baby;" Editor Van Baun, of the *Hahnemannian Monthly*, has a thoroughly practical article on pneumonia in children; Dr. Ripley, of Minneapolis, in "Some Overlooked Causes of Disease in Children," makes eloquent appeal against sexual vice; and Prof. Danforth, of New York, reports a case of acute parenchymatous nephritis in an infant six months old.

NOTES AND NOTICES.

HORLICK'S MALTED MILK is daily coming into extended use and prominence as a food for infants and for nursing mothers. Infants thrive better on it than on cow's milk, and it is often retained and assimilated where everything else is rejected.

It is being used not only by physicians in their practice but in most of the principal asylums and hospitals for children all over the United States, and seems to be giving excellent satisfaction everywhere. The factory near Racine, Wis., is located in the finest farming district of the Northwest, and is surrounded by everything favorable to the production of a perfect infant food.

DR. SKINNER begs to inform his patients and their friends that he takes his annual holiday this year from the first of August to the end of September, and that he can see no patients after Friday, 29th July. Letters directed to Dr. S., Mybster Inn, by Watten, Caithness, N. B., will be replied to in course of post. Telegrams, though objectionable, may be directed, "Skinner, Mybster, Georgemas, Caithness," four miles, which will be replied to by letter.

25 SOMERSET STREET, LONDON, W., June, 1892.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

SEPTEMBER, 1892.

No. 9.

EDITORIAL.

THE PROCEEDINGS OF THE I. H. A.—Last month was published in this journal the first instalment of the minutes of the meeting of the International Hahnemannian Association at Narragansett Pier, in June. It consisted of the President's address. This masterly production will commend itself to all our readers for its clear setting forth of the position of Homœopathy to-day.

We are right and we know it, is the confident and fearless assertion of the President.

All of us who have had difficult and discouraging cases ; and have spent many a weary hour in the search for the simillimum ; and having found it, have administered it ; and then with the patient's agony and possible death confronting us, have calmly waited for the response of reviving nature and been rewarded by a striking cure ; all of us with the joy of this experience before us will heartily re-echo the words of the President, "*we are right and we know it.*"

Another section of the proceedings is given in this number, and we shall continue thus until the whole session has been laid before our readers.

The proceedings were stenographically reported by Dr. J. B.

S. King, of Chicago, associate editor of *The Medical Advance*, and it is his report which we shall use.

THE HERING COLLEGE.—Still another new college has been added to the number of medical schools in Chicago. It claims to teach only pure Homœopathy. Unfortunately the new college has a very serious obstacle to overcome.

It has aroused the enmity of the Illinois State Board of Health, and that institution seems as if it wished to destroy it if possible. For an account of the causes of this enmity, the reader is referred to the editorial to be published in September number of *The Medical Visitor*, and which we have been permitted to copy in our pages.

POTENTIATION PHYSIOLOGICALLY PROVEN.

BY PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated from the Leipzig *Allgem. Homœop. Zeitung*, Vol. 124, No. 11, by B. Fincke, M. D.]

Continued from page 348.

IV. COMPARATIVE NEURAL ANALYSIS OF 17 ALKALI-SALTS.

(a.) *Preliminary Remark.*

Here is to be premised: (a.) the now following measurements have been made before the measurement described in Part I, as it were, for the sake of a first orientation. After finishing the measurements of Aurum-metallicum, Thuja, Aconitum, and Natrum-muriaticum which were published in my *Neural Analyse der homœopathischen Verdünnungen*, Leipzig, 1881, and are now contained in the 3d edition of *Entdeckung der Seele*, there was not the least doubt with me that potentiation produces in all medicines, yea in all substances generally, the same changes to be produced physiologically, but in view of the great variety of substances it could possibly recommend itself to measure a larger number of them in order to see what variations thereby might ensue. In order to get clearness about this matter, I concluded to commence experiments with one group.

(b.) My choice fell upon the Alkali-salts for the following reasons :

First, because from them less properly *chemical* action of such kind as acids and alkalis or otherwise easily combining and decomposing substances produce may be expected. For the object of potentiation is not the *chemical* action as being in *direct* ratio to mass but the "*nervous*" action as being in *inverse* ratio to mass.

Second, since I wanted also to measure the *lower* potencies, of which at any rate *poisonous* action was to be expected, I chose a group of relatively *harmless* substances.

Third, I wanted to examine a group the chemical composition of which is well known and the physiological action of which is better known, because they are used frequently.

Fourth, I hoped to kill two flies with one stroke if I took a salt, because then the difference of the different *acids* as well as also that of the different *bases* would appear, so that it was not necessary to measure each separately. The following shall teach that this succeeded in a certain degree.

(c.) For these measurements I have this time *not swallowed* the medicine as was done with the potencies described in Part I of Kali-carbonicum, but I have only *inhaled* them. This was done for several reasons ; in order to be able to compare several substances, which was the main object, it is necessary to measure them under most possibly equal relations, and this requires that they be measured as quickly as possible in succession on one and the same day ; but this can generally be done only when the first substance is removed from the body rapidly enough and as completely as possible. In this regard my long practice has given me sufficient experience that substances incorporated by inhalation disappear much more rapidly than such as had been swallowed, hence I preferred the mode of inhalation. Thus it was possible to institute safe measurements of lower potencies, of up to seven substances, within two hours a day. Higher degrees of potentiation allow even a more rapid procedure. Finally, the economy of time had to be considered ; in order to obtain a general view more than 100 sub-

stances must be measured, and in order to try all of them, as I did with Kali-carbonicum, a time is needed over which I cannot dispose; besides it is in the interest of the reader to receive this view as soon as possible, for: *bis dat qui cito dat*.

(d.) Likewise in the interest of the time of reader and author I have limited myself to measure for every potency of each substance a single decade-mean (composed of 40 acts) and from it to form only *one number*, not a *whole series of numbers*, as in the measurement of Kali-carbonicum. The numbers of the following tables, therefore, arose in this manner: a rest-number (these are stated in Table I and II) formed from four decades; then I measured immediately a *medicine-number* in the same manner. To measure each time first an *alcohol-number*, similarly as I measured each time a water-number in Kali-carb., I omitted on account of saving time, and then because the alcohol-number differed very little from my rest-number (the difference between rest and alcohol-number amounted in seven experiments *seriatim* +25%, +2%, +1.6%, +1.4%, +2.1%, +1%, +1.7%). Then it was superfluous, because every potency and every substance contained the same alcohol, so that the result of comparison was not changed by it. The tables again contain not the medicine-number itself, but *the difference in per cent. between it and the rest-number* which of course again is either a *plus* or *minus* value.

(b.) *Source of Error.*

(1.) The limits of error are not always the same, but they vary with the nervous disposition; therefore in measurements of great exactness, where small differences are to be ascertained, the concerning quantity must be determined each time. This, to be sure, is not the case in our subject, for the differences obtained from the medicines are so extraordinarily great that even in the most unfavorable disposition they are to be found. This first reason, therefore, is not necessary to dwell upon any further, but the following circumstance is to be added:

(2.) That no man ever succeeds in overcoming the prejudice of *learned* circles against an innovation is the experience of all the centuries, but that it is not impossible to penetrate the circles

of the *practical* men, my experiences in the field of habiliment have taught. Now, a practice of ten years with neural analysis, which I executed, not only upon scientific ground, but directly in my intercourse with the practical men, and for practical purposes, has instructed me that this method is exceedingly valuable for practice, and then, in that the practical men would soon learn to estimate and *fear* its superiority. The object in my practice was (as I showed in No. I) to watch the manufacturing industry allied with me, in order to protect it quickly and safely against intentional or unintentional contaminations of the manufactured goods. In this way I convinced myself and my people of the almost uncanny safety and exactness, *e. g.*, a thread of a few centimeters sufficed to determine in a few seconds whether it was treated with a noxious color, or contaminated in other ways. It is, however, remarkable that the method, in spite of my frequent publications, has been completely ignored by those practical men who should have the most frequent opportunity and occasion to use it, *viz.*, the chemists who are in the service of the Boards of Health. In the expectation that these lines may fall in the hands of one or the other of these gentlemen, I will here give a more exact explanation of the source of error, for only, if this is contrasted with the numbers obtained from the measured objects, an idea of the exactness of the method can be obtained. Finally, this is not only valid *extra muros*. I hope later to be enabled to show what eminently practical application the neural analysis can obtain as a reagent of the degree of potentiation of homœopathic remedies.

[TO BE CONTINUED.]

TUBERCULINUM KOCHII.—A laborer in a manufactory, about forty years old, suffered from tuberculosis of both apices of the lungs. Last March he received twelve powders, of which Nos. 1, 5, and 9 contained Tuberculinum, 8th dec., the others Saccharum-lactis. The second, sixth, and tenth day he complained of chills, followed by heat and sweat. The fever was not very high, but always followed the day after the dose of Tuberculinum.—*A. H. Z.*, 21, '91. S. L.

COMMENTARIES UPON *THE ORGANON*, §§ 7-17, 29,
64, 288. THE DYNAMICAL, SPIRIT-LIKE
LIFE-FORCE.

B. FINCKE, M. D., BROOKLYN, N. Y.

(Bureau of Homœopathic Philosophy, I. H. A.)

The first sections of *The Organon* form the inductive part of the essential doctrine of homœopathics. Hahnemann starts from the facts which he has observed, and rises to the conception of disease being the totality of the symptoms as the outwardly reflected picture of the internal essence (*Wesen*) of disease; *i. e.*, the suffering of the life-force (§7). Then he proceeds to the pivot of the whole science of Homœopathics, the statement of the existence of a life-force which rules and controls the material sound organism in all its parts (§9). What he says about it in the few sections following is so clear that only a mere opposition can find in it faults which do not exist. There is a natural aversion of the practical physician to enter upon explanations of facts which he calls a theory, and to which he objects on that ground, as impractical for healing. This feeling was expressed in the preface to the first American edition of *The Organon*, which you all know: "It is the genuine Hahnemannian spirit to totally disregard all theories, even those of one's own fabrication, when they are in opposition to the results of pure experience." It is the ever-ready argument brought against Hahnemann himself or anybody, when he attempts to explain facts which cannot be controverted, to the disadvantage of understanding what these facts mean. If facts are stubborn things, they certainly need the more examining and explaining, and, if this is not possible, pointing out where they seem to clash with accepted ideas. To this famous quotation, which can be turned to account in both ways, for and against, is added the modest utterance of Hahnemann himself in §28, where in regard to the natural law mentioned in §26 he confirms its universality as a fact, but at the same time says that it is of little consequence to explain how this may be, and he attached little value to an effort to attempt it. But in spite of this, in the next section he

goes bravely on to give the best explanation which can be given, and which indeed, as he says, is the most probable, since it is founded upon nothing but premises of experience. Nay, he continues in the following sections, and especially §§ 63 *seq.* to lay down a supposed doctrine of first and after-action which is a deduction not justified by the facts, and by the induction from facts, and by no means clear, as has been shown in the Commentaries which I had the honor to present to the International Hahnemannian Association at the last two meetings. It is the Hahnemannian spirit to disregard theories when in opposition to facts. This may excuse the attempt to show the incorrectness of § 64, though it seems to be almost a sacrilege to the mind which looks up to Hahnemann as inspired in everything that he put forth. As honorable as this sentiment is, it must be guarded against, for with riper judgment and new experience some of the ideas must be refuted which were held when beginning to ascend the ladder of wisdom. Piety to a beloved teacher must not upset truth when it goes against his teaching.

There is another discrepancy which must be pointed out because it has been used by some antagonist to, as it were, commit the Hahnemannians to a felony as if they did not cure as Hahnemann did. In §§ 284 and 285 and notes, Hahnemann gives a computation of the amount of medicine-matter contained in his potencies. Whilst in § 16 he claims that only spirit-like (dynamical, virtual) disturbing forces of the serviceable medicines can affect the likewise spirit-like (dynamical) life-force in a spirit-like (dynamical) manner, afterward in all his dealings with the healing potencies he disabuses himself of this view, for he falls back upon the materiality of his potencies. In § 155 he speaks of comminution of the dose, of the small, the least possible dose, which implies that the largest dose is the dose of the crude substance which is diminished in the amount of its constituent parts. In the *Chronic Diseases* (vol. I), he asserts that insoluble substances like metals by triturating them centesimally three times, become soluble in a mixture of alcohol and water, and in the note to § 280 (*Organon*) he thinks that

there must be something of the original substance in the thirtieth centesimal potency left. This plainly contradicts the postulatium in § 16. However, we need not dwell too much upon this discrepancy, because after all Hahnemann placed not a great value upon it as being only an explanation, but insisted upon it that by the manipulation which he recommended the medicinal power would be developed (potency, force-development) so as to be perfectly in keeping with what he had said before in the mentioned initial sections of *The Organon*. If, therefore, the objectors spoken of above will overthrow the Hahnemannian theory and explanation about the first and after-action, as in § 64, and of the materiality of potencies higher than those in which any matter can be detected, they are welcome to the Hahnemannian spirit to demolish the theories not consistent with facts even of one's own making. But at the same time they must be reminded that where the explanations coincide with the facts they must abide by the theory explained until something better is offered. For in apposition to the above-quoted celebrated negative sentence a positive one is to be added, as the reverse of it which likewise is true. It is the genuine Hahnemannian spirit to accept a theory which is found to be true in its premises and logical in its conclusions, and therefore is in unison with pure experience and incontrovertible facts.

Such a theory we find in the sections dealing of the life-force which Hahnemann calls spirit-like, dynamical. But as soon as the adjective "spirit-like" is uttered, the empiric gets on his hind legs and asks, "What is spirit? To know what is spirit-like I must know first what is spirit, for if that is sufficiently explained the application to the life-force follows of itself." Now this, on the face of it, appears to be a very justifiable objection to the term which Hahnemann used, and it looks quite philosophical, because it seems to demand the premise to be placed upon a firm basis. But at the same time it looks very much like a child reaching with his little hands toward the moon which dazzles his eyes. Does the moon cease to exist because the baby cannot catch it? Thus it is with a conception

like that of spirit, which, if a comparison is allowed, has a much greater range than the moon itself. For a definition of what is spirit is much easier asked than given. Webster has fifteen definitions. The objector can at least select from them what in the Hahnemannian life-force may be like it. Most of the definitions at any rate have the characteristic of refinement in contradistinction to crudity, of immateriality to materiality, of expansion to solidification, of activity to sluggishness, of motion to rest, of development to stagnation, of intellect to imbecility, of the psychical to the corporeal, of life to death, of immortality to mortality, etc.

To be honest, we all know without going into metaphysics what Hahnemann understood by spirit-like, and why should we by supercilious or skeptical objectors be driven into attempting the explanation and definition of spirit which no philosophic system so far has been able to give? Are the homœopathicians bound to supply the shortcoming of other sciences, as our friend on the other side has expressed it with regard to our high potencies that we have to overthrow the theory of physical science and put something better in its place? It cannot be denied that homœopathics has, indeed, made a powerful inroad into the accepted theories of not only the old school of medicine but also into those of the schools of exact sciences, and the time which Joslin predicted in 1850 may not be very far off, when he said, "It is the destiny of Homœopathy not only to effect a glorious revolution in the art of healing, but to lead to new views of the constitution of matter." Only the *short-sighted* homœopathician can try to save a remainder of materialism for our high potencies when he imagines there must be something of the original substance in the, say, one-hundred-thousandth centesimal potency, the efficaciousness of which is now sufficiently verified as to admit it as an incontrovertible fact. A sentence which I found in an old journal is worth quoting, because it clearly expresses the fact of the medicinal force residing in the crude substance as its vehicle, and being transferred by potentiation upon large quantities of inert vehicle. Dr. T. F. Allen wrote in the *New England Medical Gazette*, in July, 1870

"The efficacy of this (twentieth centes.) and higher potencies being, to my present mind, fully established, it follows that medicinal property is a force which can be isolated from material substance and be transmitted independent of it. What that force is and what are the laws which govern it are questions for extended scientific research." What here is predicated of the twentieth centesimal and higher potencies applies with equal force to the highest, the twentieth being removed from the twelfth limit only by eight potencies.

The homœopathician must acknowledge the fact that the physicist and materialist can find nothing material beyond the conventional twelfth centesimal potency. In spite of that point accepted by the materialist, the materialistically inclined homœopathician claims the infinite divisibility of the substance because he has convinced himself by experiment and experience of the efficaciousness of such a high potency as mentioned; for how could it act—he thinks—if there were not something left of the original substance from which the potency was derived? Something is left indeed, but it is not a molecule, nor even an atom which already parts company in the said twelfth cent. potency, but something else; something of that spirit-like nature which was held by the original substance serving as a vehicle for it, something of that spirit-like nature which Hahnemann attributes equally to the life-force of man and to that of the potencies. The physicist and materialist proves by mathematical computation the size of material atoms beyond which there can be no further division, and the chemist joins him in resigning infinite divisibility of matter to the grave. Is not that coming nearer to the fulfillment of the prediction of Joslin? True, if we had not our own Hahnemann we would be utterly lost when contemplating the dilemma in which we are placed by the utter inability to prove also by a plausible explanation from physical reasons the efficaciousness of our high potencies which is proved experimentally by application upon the healthy and sick as well as by Neural Analysis. Some of us have thought to find a safety-anchor in the molecular theory of physics but in vain, for our high potencies exceed any concep-

tion of minuteness of substance even if we would be inclined to admit the mentioned computations of eminent mathematicians to be true, as they undoubtedly are. Our potencies outstrip the theoretical radiant energy of matter and molecular motion of matter because the dynamides themselves, sunlight, magnetism, and electricity have been made into homœopathic high potencies and bottled up in our homœopathic vials. Besides, there is a general philosophical objection to the molecular theory which makes the molecules act of their own accord. It is said in the text-book that molecules are powerless to change their own condition, which is correct according to the first law of motion concerning the inertia of matter. At the same time it is believed that the molecules of every body are in motion always though no molecule can in any way change its own velocity or direction. But it leaves us in the dark where that molecule acquires the motion in which it *always is*. If the molecule, as the terms implies, is a synonym for an exceedingly small mass of matter, it is still a mass subject to the laws of motion, and cannot move except it be acted upon by a force. This is the fatal begging the question in this theory, that a force acting in the molecule is assumed, which is not proved and must first be proved to be acceptable. Another question arises in regard to sunlight which is supposed to be the undulation of an ethereal medium whose energy produces vision. Here again the premise that light passes through a vacuum is contradicted by the unproved assumption that a thin elastic substance called ether fills that space or the supposed vacuum, and therefore the premise cannot be accepted. On the contrary, the old Newtonian idea of light being an emanation of the sun gains new ground. For by Spectral Analysis we know that the Fraunhofer lines are caused by the incandescence of various substances as found on the earth when we burn them in a hydrogen flame in a dark room and throw the spectrum on a screen. We then observe the bright lines of the substances corresponding to the lines in the sun-spectrum and see them converted into dark Fraunhofer lines when we turn the sun-spectrum upon it. These substances then can come from no other source than the

sun, because neither the intervening space nor the atmosphere is made accountable for them, but only the vibration of the ether imparted by the energy of the sun. It is not our object extensively to criticize the molecular theory, but only to show some inconsistencies in it for the purpose of protecting ourselves from the pretensions of materialistic philosophers who try to foist the molecular theory upon our potentiation, because we occupy an entirely different standpoint, which is the Hahnemannian, and has not yet found attention in the scientific world. Only this much may be added, that the philosophy of physics and chemics is by no means fundamentally antagonistic to it, for the underlying principles of these sciences are essentially founded upon the same general dynamic principle which is distinctly expressed in the definition of physics in the text-book, that it is the science of matter and force. Nay, these great scientific departments might without inconsistency adopt all the primary teaching of homœopathics as laid down in the first thirty paragraphs of *The Organon*, without in the least imperilling the truth and wealth of these sciences, but rather enriching them and giving them a sounder foundation.

Their own facts, which they have ascertained and which have brought our age to the highest point of technical perfection ever since sciences have been cultivated, stand all the same unshaken and corroborate the three grand laws of motion which govern them all as they do everything in existence, and which also our homœopathic science acknowledges as fundamental. To assign to matter all phenomena to the exclusion of that which enables it to appear, and blinding the eye to its inertia, assuming it to be the omnipotence governing the world would be as unphilosophical as making abstract force the almighty agent for all the varying occurrences in the universe. Our experience cannot disengage our mind from the omnipresence of matter in the most varying quantities, as long as we ourselves are incased in a material body. Just as we, in our high potencies, which are incased in the material body of Sugar of Milk, Alcohol, or Sugar Globules, recognize healing forces which, when properly applied, will change disease into health, so we cannot fail to re-

cognize in our own material body a force which stands as the resultant of all the forces of the materials of which the organism is composed. This is a matter of experience and observation, and cannot be gainsaid, and aside of all metaphysical speculations it is as tangible as a pound of iron in your hand. It remained for such a perverted intellect as the physico-chemical school revealed when it threw out of physiology the fact of a life-force governing, regulating, and controlling the organism, and putting in its place the imagined properties of matter on the strength of an uncertain molecular theory. It can only be excused by the observation that "*non omnia possumus omnes*," that one may be proficient in one department, and reach as high as heaven, and in another cling to the ground, unable to lift his wings above the requirements of logic.

When Hahnemann speaks of a life-force, he does not mean to go beyond the simple fact that such a force exists. He does not say where it comes from nor where it goes to. True to his practical nature and fortunate for his doctrine, he abides by his inductive philosophy, which teaches him that such a life-force is immanent in every even most insignificant part of the body as well as in the whole, and proving itself as such at any time by sensation. The least touch in any part of the body proves that it is there, and every departure from health is indicated by symptoms which for their apparent insignificance may often be overlooked, but severe or slight, they all verify the ever-present activity of the life-force. Some years ago I went to see a young hippopotamus, which was already as large as a cow. Its skin was of a reddish cast, as that of an infant, but it was thick and hard, looking very much like the surface of a pine-apple. It was lying quietly looking before itself. I was curious to know whether it would notice a slight touch at the hind part of its body, and just touched the skin very slightly with a little stick. It immediately turned its head around, and showed that its life-force was keen enough to notice that insignificant contact. You say it was its sensation. Yes, that is the abstract of the fact. But there was that in its huge body which communicated the sensation to the consciousness of the animal, and made it turn

its head around, and that was the automatic, instructive life-force of the creature. Hahnemann does not call this force the soul or spirit. This would have led him on debatable ground, for here religion would have come in with its necessary creeds, and set the much varying opinions by their ears, which would have marred the practical teaching of his homœopathics. There is nobody in the world claiming any thinking faculty but must perceive that there is that in man which makes him think about his impressions, makes him feel and will and act. Some call it soul and some spirit, but whatever it may be called, it is certainly something different from matter, and under conditions and laws which have nothing more to do with it than that it serves the high purpose for which it is designed (§ 9). If this is admitted, the question naturally arises, how this spiritual organism—as it might be called in contradistinction to the material organism—in the body is connected with the matter used in building up and preserving it during its lifetime. This is a perfectly legitimate question, and its solution belongs to the science of medicine which made an enormous progress when Hahnemann proclaimed the dynamicity of diseases, and claiming for their healing medicines prepared in such a manner as to meet them on their own plane of dynamicity.

This connecting link between the body and the spirit, between the nether and the upper world consists in that dynamic organ which he called the spirit-like life-force. The means by which this authority performs its functions are the various organic systems, the working of which is the proper subject of investigation by that particular important branch of medicine, physiology, and its special department, biology. Hahnemann, by his invention of potentiation, has given us a new view of the world, because he infused life into everything, and thus animated matter so that it can serve as the vehicle for the forces with which it has been endowed by the Creator, and can enter into the various inorganic and organic forms which are around us. To be sure there is no spirit nor soul in the grain of sand which our foot treads upon, but there is that in it which constitutes it a grain of sand. And to this belongs the medicinal

force which it carries and yields upon potentiation as part of its own life-force and individuality so that it can be useful in healing diseases to which in its individuality it corresponds. The higher life-force of man is acted on by this lower life-force of a grain of sand, and though not themselves spiritual—*i. e.*, endowed with reason—Hahnemann calls them, on account of their dynamicity spirit-like with perfect justice, and no man or woman need stumble over this expression when reading *The Organon*, because it says just what it means and no more, and that is sufficient.

SOME THOUGHTS UPON POTENTIZATION AND DOSE.

A. R. MORGAN, M. D., NEW YORK.

(Bureau of Homœopathic Philosophy, I. H. A.)

Among those who know no better the impression exists that about the only difference there is between homœopathic physicians is that one habitually resorts to comparatively strong and appreciable doses of medicine, while the other administers only tasteless pellets.

They have no idea that upon the question of dose hinges much of the philosophy of the practitioner; that his attitude upon this subject indicates quite conclusively whether he accepts the dynamic theory of the author of Homœopathy or still clings to the Jewish dispensation of medicine.

The old school of medicine regards the doctrine of the vital forces as an exploded theological dogma, a childish superstition, something incapable of physical demonstration, and, therefore, unworthy of serious consideration.

The medical agnostic fails to comprehend that his protoplasmic germs, his biological units are but the vehicles through which the life-forces of the Creator are manifested.

The school of vitalism recognizes a world of causes prior to the world of effects; it holds that matter and force are indestructible; that although endless changes may occur, no particle of matter can ever cease to exist, no unit force be lost. It

holds that the "laws of nature" are but different modes of the Divine activity, that the material world is governed by prior forces, name these forces how you may, attraction, gravitation, electricity, magnetism, galvanism, chemical affinity or physical law, *vis medicatrix naturæ*, dynamic or spiritual forces or combine all under one supreme head and source of power—God.

Hahnemann was a representative thinker of the school of vitalism, and, up to the announcement of his revolutionary doctrines, occupied high rank among the eminent medical men of his time, and was a highly esteemed contributor to the standard medical periodicals of the day.

Becoming dissatisfied with the notorious uncertainties of the prevailing methods of practice, yet believing confidently, as he tells us, that "The Author of all good when He allowed diseases to injure His offspring, must have laid down a means by which their torments might be lessened or removed," he retired from active practice, determined to devote all the powers of his mind to study and reflection, resolved not to cease his efforts until he had arrived at definite and satisfactory conclusions.

Being a thorough and accomplished linguist, proficient in eight different languages—covering the medical literature of the civilized world—he was admirably equipped for the task he had undertaken. Scattered down the long line of empirical observation, denominated medical history, he found among many contrary records frequent reference made to instances where diseases had been cured by remedies capable of producing similar complaints, and he cites in detail hundreds of such cases so cured, and states distinctly that his object in referring to them "is to show that the art of curing homœopathically might have been discovered before my (his) time." (See introduction to *Organon*, Stratton's Edition, par. 45.)

Beside these references to the casual observations of former physicians, he distinctly points out the fact that transitory glimpses of the "law of similars" had more than once been caught by physicians prior to his time.

On page 75 (introduction to *The Organon*), he says: "Occa-

sionally there have been certain physicians who *guessed* that medicines might cure diseases by the faculty which they possess of exciting morbid symptoms that resembled the disease itself," and then in a foot-note he adds: "In citing the following passages of writers * * * I wish to free myself from a reproach of having passed them over in silence in order to arrogate to myself the merit of the discovery."

On page 76 he states with complete frankness and generosity that "The Danish physician, Stahl, has above all writers expressed his conviction on this head most unequivocally," and he proceeds to quote from Stahl as follows: "The received method in medicine of treating diseases by opposite remedies—that is to say, by medicines which are opposed to the effects they produce (*contraria contrario*)—is completely false and absurd. * * * I am convinced, on the contrary, that diseases are subdued by agents which produce a similar affection (*similia similibus*)."

Thus it may be seen that the attention of our author was early in his career of investigation attracted to the significant relations which, at least sometimes, have been observed to exist between certain well-known remedies and their power to excite similar maladies; and at this stage, by a commanding stroke of genius, he conceived the idea of settling the controversy by ascertaining the complete and pure effects of drugs, by testing them upon the healthy subject.

That Hahnemann originated the idea of the proving of drugs is disputed by the old school. In an article entitled "Medicine" in the last (ninth) edition of the *British Encyclopædia* may be found the following statement: "Hahnemann carried out the proving of drugs upon the healthy to great elaboration, but he did not originate the idea."

In this article it is claimed that Haller, the great Swiss, and Tomassini, the distinguished Italian physician, both prior to Hahnemann, did something in this field.

However the facts may be we have no present opportunity of determining, but we can justly remark, if any degree of priority be claimed for others in this direction, that the prior claimants made little or no impression upon the dominant school of medi-

cine, for the very obvious reason that without any definite system of practice, without any distinct and positive method of cure, such provings could be of no use, and were therefore abandoned, leaving little or no trace behind. Hahnemann began his investigations with a definite object in view, and after thorough, patient, intelligent, systematic study and comparison, after many tedious, prolonged, and self-sacrificing ordeals, at last succeeded in reducing the fragmentary observations of his predecessors to order, and thus by inductive philosophy was enabled to work out and announce to the world the existence of an heretofore *unsuspected universal* law of cure—not an occasional means of cure as was anticipated by Stahl and others, but an universal natural law of cure.

Thorough proving of drugs upon the healthy, therefore, was practically a new departure in medicine, and in fact constituted the first of the three grand steps which culminated in the evolution of a new, rational, and scientific system of medical practice.

Full recognition of the law of similars speedily succeeded the proving of drugs, and was the second radical step in the evolution of Homœopathy.

The third step and crowning achievement of our author was the discovery of *potentization*. Here Hahnemann has no rival claimant, no competitor. He began his experiments in this comparatively new and untried field of Homœopathy by adhering to traditional doses of medicine, but soon found that the sick whom he attempted to cure often grew worse under the new method of treatment. Shrewdly suspecting that the doses used were too large, he set about trying medicines moderately reduced in strength—*i. e.*, diluted.

On continuing his experiments in this direction, he found to his great amazement that the curative powers of drugs bore no proportionate relation to crude quantity, but under his peculiar mode of manipulation many drugs in common use, and many substances heretofore regarded as actually inert in their crude states, became invested with new and unsuspected activities and powers.

Our old friend Dr. Hering used sometimes in his talks to students to make a striking and beautiful comparison between Columbus and Hahnemann (we recall the idea if not the language).

Columbus, with no adequate conception of the vast field before him, set out to find a new path to the Indies. He took an exactly opposite course from that pursued by all former navigators, he sailed off into the unknown west, and was rewarded by the discovery of a continent, a consummation unsought for, undreamed of, but its importance was a thousand-fold greater than if he had accomplished his original design.

So with Hahnemann, who set out to reduce his doses and discovered *potentization*, an entirely new principle in posology, a whole continent in the world of therapeutics; a discovery of such transcendent importance as to be sufficient *alone* to immortalize its discoverer; a principle inseparably connected with advanced and intelligent Homœopathy; a principle which correlates the dynamic forces of the lower with the life-forces of the higher spiritual kingdom of nature; a principle without which it is absolutely impossible to account rationally for the action of highly potentized drugs.

To Hahnemann alone is due imperishable honor and renown for discovering, first, the existence of an universal law of cure; and, second, that the specific properties of drugs could be developed, transmitted, and utilized by potentization.

Those who reject the idea of potentization, halt at the stage where Hahnemann began his first practical tests of the newly-discovered general law of cure.

Crude drugs have three grades of action, viz.:

Mechanical, chemical, and dynamical. The first two are of comparatively little importance to homœopaths. This is shown by our obtaining our best provings from drugs more or less highly potentized—that is, from thirtieth upward—and the fact that we obtain more ample provings from dynamized than crude preparations shows the folly of those who expect to obtain exhaustive provings from crude drugs alone.

We claim that the full power of a drug—*i. e.*, its dynamic

quality—is hampered and restrained by its grosser material elements, by its very crudity; we claim that entirely new activities are developed and liberated by potentization, as may be seen by the development of active characteristic properties—*i. e.*, substances, completely inert in their crude state.

We can understand why quantity becomes an indispensable factor to the materialist who confines his practice to appreciable doses of crude drugs.

We can understand the line of reasoning which predicates coarseness and fineness of particles pulverized within certain reasonable limitation by the trituration, for instance, of silex, salt, sugar; we can comprehend how the particles of these and similar solid substances may be ground finer and finer quite indefinitely because their particles are held together by what is called cohesive attraction, and a uniform diffusion or blending of molecules cannot take place between solid bodies. But it is quite different with solutions. The crystals of common salt or sugar may be dissolved in water and become amorphous liquids that are so uniformly diffused as to completely destroy the existence of coarser or finer particles.

The process of attenuation by the Hahnemannian method may be continued until all trace of quantity has vanished beyond the recognition of every possible physical test, yet we find dynamic quality or *potentiality* surviving.

The careful observer, upon testing their attenuation upon the animal body, finds in the life-force of the organism an apparatus far more delicate and sensitive than is afforded by any of our mere physical instruments.

Here we enter the mysterious realm of imponderable forces and encounter a problem beyond the reach of human analysis—a region where our conceptions are limited to observation of effects alone.

As we have stated elsewhere, all that we know, all that we can ever hope to know of these elemental forces we gather from a study of their visible and sensible effects.

It is so with all our knowledge of medicinal action, whether that of the crude or protentized drug.

Precisely the same line of evidence is available in experiments with either or both. We simply record our observations. We administer the potentized drug in accordance with the rules laid down in *The Organon*, and get unmistakable curative results; the scepticism of those who do not follow *the rules*, and therefore do not obtain like results, to the contrary notwithstanding.

Practitioners are generally known as "high" or "low" potency advocates, and it is a significant fact that the advocates of the low potencies exclusively almost universally reject the dynamic theory of Hahnemann, while, on the other side, those who advocate the use of the high potencies generally accept the dynamic philosophy.

It is not strange to me that the materialist is either an allopathist or an eclectic, for he could not be otherwise and be consistent. I honestly think his sense and logic more sound than that of the professed homœopathist, who, while scouting the idea of a purely dynamic action in drugs, still admits that he has seen curative results from any remedy carried above the twelfth potency. Once admit the efficiency or even the possibility of medicinal action in drugs carried to the twelfth potency or above, where no possible physical test reveals the presence of the crude drug, and the material hypothesis is incapable of demonstration, and therefore falls to the ground.

The practice of those who limit themselves to the use of the low potencies only is almost sure to degenerate into a sort of eclecticism, into a recourse to palliative measures, into the use of the hypodermic syringe, and more or less crude drugs. Then people sometimes, while claiming still to be homœopathists, seem to pride themselves on sending their deluded patients to the common drug store for crude compound prescriptions, the effect of which they and everybody else are lamentably ignorant.

It is useless to attempt to build up a sound and loyal homœopathician out of such timber; it is spongy with erroneous ideas and honey-combed with false pretenses.

Entire unanimity upon the subject of dose, however, does not exist among the radical homœopathicians.

There are those who assert that when the higher potencies fail (no matter how high) to produce curative results, it is useless to try the lower ones; others insist upon the right of private judgment as to what really constitutes the minimum dose in any given case of sickness.

Exactly what does constitute the minimum dose it is not easy to determine, and while we have many wise suggestions, it must be admitted that as yet we have no absolute and inflexible rule to guide us.

Hahnemann says "It often happens from various causes, which at all times cannot be discovered that even large doses of homœopathic medicines effect a cure, without causing any notable injury."

We know that many old school physicians have been converted to Homœopathy by observing that some of their most successful cures have been brought about by crude remedies used, unintentionally, in compliance with our law of similars.

Hahnemann cites hundreds of illustrations from old school practice, where cures were brought about by what J. J. Garth Wilkinson happily denominates "*the latency of Homœopathy in the common sense of his predecessors.*" (Introduction to *The Organon.*)

Hahnemann, in discussing the problem, "How far the dose of a homœopathic remedy in any given case of disease ought to be reduced in order to derive from it the best possible cure," says, "It may be readily conceived that *no theoretical conjecture will furnish an answer to this problem*, and that it is not by such means we can establish, in respect to each individual medicine, the quantity of the dose that suffices to produce the homœopathic effect, and accomplish a prompt and gentle cure. No reasoning, however ingenious, will avail in this instance. It is by pure experiments only and precise observations that this object can be attained." (*The Organon*, § 278.)

In the further discussion of this subject, Hahnemann says, "It has been fully proved by pure experiments *that when a disease does not evidently depend upon the impaired state of an important organ*, even though it were of a chronic nature and complicated,

and due care has been taken to remove from the patient all foreign medicinal influences, the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can at least partially extinguish and cure, *provided* it be capable of producing only a small increase of symptoms immediately after it is administered." (§ 279, *Organon*.)

From this it is evident that Hahnemann thought the dose might be made too small where the disease depended upon an impaired state of an important organ, and this view is somewhat confirmed by the latitude of dose recommended in § 280, viz.: "This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree that after being introduced into the body they shall produce an almost insensible aggravation of the disease."

(By the way, this "incontrovertible axiom" is an *ex post facto* guide after all, for, of course, you cannot detect an aggravation until after your remedy has been administered, and in this case it ceases to be a guide.)

With all due deference to the illustrious founder of Homœopathy, it seems questionable to us whether a cure always and necessarily depends upon a perceptible aggravation of the symptoms. Indeed, we believe it to be within the experience of every careful observer to meet with cases where relief and nothing but relief has promptly succeeded the administration of the well-selected homœopathic remedy. Relief sometimes so speedy that it seemed almost like magic.

We often get aggravations, to be sure, and in such cases are taught to regard the aggravation as an indication that the remedy has been well chosen, but has either been given in too low a potency or else has been repeated too often.

Some of our friends assert that aggravations are more likely to follow the injudicious use of the highest rather than of the lower potencies. While I do not positively dispute this assertion, I must say that I am not yet convinced of its truth.

In discussing the law of dose, Dr. Wells has told us that an

"Explanation is found in the degree of susceptibility of the patient to the action of the drug, and this in the direct ratio of the similarity of the characteristics of the drug and the disease." (*Am. Hom. Review*, vol. V, p. 251.)

Dr. Fincke gives us the same idea in different language, as follows: "The relation of the remedy to the life-force demands its proper selection according to similitude of symptoms and dose."

In further elucidation of this subject, Dr. Fincke asks and replies to the following question, viz.:

"Which will be the appropriate potency in the given case?"

Answer—"That one which will be proportionate to the degree of susceptibility of the patient." (*Journ. of Hom.*, vol. II, p. 288.)

Theoretically the above rules are philosophical and sound, but do they greatly aid the practitioner in the choice of the exact potency?

The practitioner may understand that the closer the resemblance between disease and drug symptoms the greater is the susceptibility of the patient, and consequently the higher is the potency required, but the whole problem being one of comparative relations, still demands the exercise of individual judgment.

It being granted that the susceptibility of the patient is in ratio to the similarity of symptoms, we must constantly meet with cases where these comparative relations differ in degree—i. e., are more or less alike. Does it not then logically follow that in order to select the appropriate curative we are bound to exercise our individual judgments, which may lead us either up or down the scale of potencies?

Personally, I do not regard the use of the lower potencies, provided they are used strictly in subordination to the rules (as, unfortunately, is scarcely ever done when the lower potencies are exclusively employed). I say I do not regard the use of low potencies as absolutely and necessarily unhomœopathic, but as a very questionable, crude, and decidedly inferior kind of Homœopathy.

We never need despair for the ultimate advancement of the practitioner who carefully individualizes his cases and endeavors to exercise a wise discretion in the matter of dose, for that practitioner is on the highway toward the Hahnemannian standing-point, and deserves our encouragement for his good intentions, instead of our denunciations for what we may regard his short-comings.

In conclusion, notwithstanding some minor differences of opinion, let us extend the right hand of fellowship to every practitioner who adheres faithfully to the law of similars, and who confines his practice to the single remedy used in what he thoughtfully conceives to be the minimum dose.

Adjourned to 8 P. M.

INDIANA INSTITUTE OF HOMŒOPATHY.

The Indiana State Society of Homœopathic Physicians held its twenty-sixth annual meeting Wednesday, May 18th. After the usual routine business and the reports of the Treasurer and Secretary, Dr. J. S. Martin, of Muncie, and Dr. W. B. Clarke, of Indianapolis, the President's address (Dr. J. T. Boyd), of Indianapolis, was delivered. He said that exactly forty years ago he delivered the President's address before the State Society of Ohio (old school), and then went on to show, in a long and able address, the improvement that has come in the practice of medicine by and through Homœopathy. He recommended that the Legislature of Indiana put one of the insane asylums under homœopathic charge, and also establish an inebriate asylum. Dr. G. W. Bowen, of Fort Wayne, read a paper on "Retained Placenta."

The first paper of the afternoon was one on "Sun Spots and Epidemics," by Dr. T. C. Duncan, of Chicago, President of the American Health Resort Association.

Dr. J. N. Taylor, President of the State Board of Health, followed with a paper entitled, "Prophylaxis, or Coincidence?" bringing up the question whether Belladonna is really a preven-

tive of scarlatina, the trend of discussion going to show that it is. Dr. W. R. Bentley, of Morristown, read descriptions of three cases treated by him—one of hip-joint disease in a boy, another a chronic sore on the back of the hand of a farmer, the third a hemorrhage of the lungs in a child—all doing well.

Dr. F. C. Stewart, of Peru, read an interesting paper on "Microbes and the Chemical Changes They Cause," which was well discussed by Professors Buck and Fellows, Drs. Runnels, Waters, George, Stewart, Duncan, Taylor, Sawyer, and Clarke. Dr. J. D. George, of Indianapolis, read a paper on "La Grippe," recounting some of its more peculiar symptoms and how he met them. Dr. D. M. Bonham, of Edna Mills, read a short paper on "Intussusception of the Bowels," and was followed by Dr. W. B. Clarke, of Indianapolis, with an interesting paper entitled "Suicides in Indiana During 1891," giving statistics regarding four hundred and thirty cases, made up from a list kept up by him. This was freely discussed by Drs. Stewart, Fellows, Waters, and Huron. The feeling seemed to prevail that many cases of suicide resulted from the free use of "pick-me-ups" and the patent medicines with which this country is now being flooded.

In the evening Dr. F. H. Huron, of Danville, described a severe case of pneumonia in an infant—respiration 120 and pulse 220 a minute—which recovered under his care.

Professor J. D. Buck, of Cincinnati, called attention to some new and important books by Professors Crooks and Richardson, on the origin of the elements. Dr. J. W. Smith followed with a paper on "Some Hints on the Eyes," interesting and practical, after which Professor T. M. Stewart, of Cincinnati, an eye specialist, read a valuable paper on "The Eye and General Diagnosis."

The new members admitted were Drs. W. R. Stewart, of Wabash; W. B. Stewart, of Peru; G. W. Bernard, of Mulberry; Annie B. Campbell, Rockville; J. B. Westcott, Goodland; J. E. Wright, Cambridge City; Oran D. Thompson, Greensburg.

Dr. T. C. Duncan, of Chicago, President of the American

Health Resort Association, was then invited to speak regarding the measure introduced in Congress by Senator Gallinger to provide a national sanitarium for the treatment of pulmonary diseases, which he did entertainingly, and the Society passed a strong resolution indorsing the measure.

Dr. E. B. Grosvenor, of Richmond, recited two cases, one of malformed knees, the other of brain tumor in an infant, both doing well. He asked for some information regarding intussusception, and in the discussion the notable case of recent death in Indianapolis was referred to. Dr. W. T. Gott, of Crawfordsville, read an interesting paper, descriptive of the use of sponge as grafts for the production of new skin, for burns and injuries. Dr. H. B. Fellows, professor of mental and nervous diseases in Hahnemann College, Chicago, then gave a classical lecture on the "Physiology of the Action of the Heart and Lungs, especially in its Relation to Brain and Nervous Disease." Dr. G. W. Bowen read a paper on "Neurosis," and was emphatic in his belief that meat-eaters are not nervous, contrary to the popular belief. Dr. Buck, of Cincinnati, was called upon to speak to the question, and rather opposed the meat view, though he was very conservative. Drs. Taylor, Waters, and Clarke also spoke to the questions and propositions advanced by the speaker.

Dr. L. W. Jordan, an eye specialist, read descriptions of some interesting cases which had come under his observation. Dr. O. S. Runnels, followed with a fine essay on "The Vis Medicatrix Naturæ," covering the wide field of nutrition and life, and the problems of nature connected with them. Professor Buck, of Cincinnati, made a masterly philosophical address on the topics touched upon in Dr. Runnels's paper. Drs. Stewart and Bentley also spoke pertinently.

Dr. Alice C. Nivison, of Lafayette, then read the history of a complicated case, like neuralgia, asking advice, which was responded to by Drs. Runnels and Sawyer.

The election of officers then took place, resulting: President, M. H. Waters, M. D., Terre Haute; First Vice-President, W. T. Gott, M. D., Crawfordsville; Second Vice-President, E. B.

Grosvenor, M. D., Richmond ; Treasurer, I. S. Martin, M. D., Muncie ; Secretary, W. B. Clarke, M. D., Indianapolis.

In the afternoon, Dr. M. H. Waters, of Terre Haute, read a valuable paper on "Abominal Palpation," followed with one by Dr. L. W. Jordan, of Indianapolis, on the use of the hot needle in removing fleshy hypertrophies in the nose, and one by Dr. J. N. Taylor, of Crawfordsville, on "Mucons Polypus of the Nose." These papers stirred up a lively discussion as to the cause of these troubles. Dr. G. W. Bowen, of Fort Wayne, read a paper on "Materia Medica" that was carefully prepared, in which he claimed that many diseases are curable which are generally considered incurable. He was followed by D. W. Rowley, of Indianapolis, who detailed some cases in his practice.

A notable paper then followed, read by the Secretary, written by Dr. F. Kraft, of Cleveland, Ohio, editor of the *American Homœopathist*, entitled "Tic-douloureux," detailing an interesting case that had been through all kinds of treatment, and was finally cured easily.

A resolution was adopted directing the appointment of a committee to take steps to secure control for the homœopaths of one of the State hospitals for the insane. The discussion brought out a claim that the homœopaths in other States reduced the cost of medical treatment about one-half. It was decided to intrust the work of the former committee on this subject, with Dr. J. N. Taylor, Crawfordsville, Chairman, and with the new President, Dr. Waters, and Dr. Grosvenor, of Richmond, added.

"The Keeley Cure" came up for consideration and was freely discussed, a resolution being introduced and passed to the effect that no definite action could be taken by the Society until more was known about it. The Society then, after transacting routine business and thanking the press and the custodian of the State-house for favors shown, adjourned till next year.

THE GIANT OF ATTENUATION.

HAYES C. FRENCH, M. D., SAN FRANCISCO, CAL.

When we remember the diversity of opinion in our ranks upon the subject of attenuations and the extreme and rapid changes of practice in regard to potencies by the same individual, the reason for the wide variation becomes a question of deep interest to every philosophical mind. No doubt in many the adherence to a high or low potency is the result of profound conviction in favor of their choice and opposition to any other from the beginning of practice, and when we consider the trivial accidents by which the convictions and prejudices of a lifetime have been overcome and stalwart enemies been converted into loyal devotees to Homœopathy, it seems certain that the status of individual opinion in reference to potency may often be a matter of environment or education. Unquestionably many relapses from the finer to a cruder use of our drugs are due to the growth and push of business, necessitating a rapidity of prescription which is incompatible with the proper selection of a remedy. Every true follower of Hahnemann has to confront a constant tide of ridicule against high potencies, both from our own ranks (which is the most unkind), and from the ranks of our acknowledged enemy, which has a tendency to weaken loyalty in all but the most stalwart. It is our belief that the fate of Homœopathy will depend upon our falsity or fealty to the single and attenuated remedy, and observation will convince any thoughtful mind that it is only a step from the habitual and exclusive use of colored tinctures to polypharmacy, and only another to the practice of more liberal allopathy. We are forced to the shameful admission that the prescription-files of many allopathic drug stores point to the fact that with many of its professed adherents Homœopathy is only a *name*, and some are even ashamed of *that*. The noblest patriot and statesman of any age, at a crucial period in our national history, made the prophetic utterance that a house divided against itself could not stand, and that this Union could not continue to exist half slave

and half free, but that ultimately it must become all one thing or all the other. Your writer claims none of the attributes of a prophet, but firmly believes that the advocates of Homœopathy must stand more steadfastly on the demonstrated truth of its distinctive law of cure or it will lose its power and all semblance of cohesion, and gradually but inevitably merge into the dominant school, and we could desire, in regard to the future of Homœopathy, the sublime faith of the immortal Lincoln when he said, "*I do not expect the house to fall.*"

While the writer would not exclude himself from many of the articles of this arraignment, he can truthfully say that never since his abandonment of the old-school therapeutics has he failed to find his most brilliant successes in the use of the higher potencies. We have a drawer of what were originally sixth and twelfth decimal potencies, and another of the thirtieth centesimal attenuation, which for the past thirteen years have been stretching out into the potent ether of infinitesimalism, and yet in spite of our confessed crudity in emergencies, and especially in tough chronic cases that have been the rounds, we return to these indefinitely attenuated remedies, and our two hundred thousandths which have been similarly treated, after a careful study of the materia medica with a confidence that is constantly gaining strength from demonstration. If the symptoms in any case point unequivocally to a certain drug, and a low potency fails of results, we would consider it little less than criminal to change the remedy before going higher. In cephalalgia, in obscure eye troubles in which the mental and subjective symptoms predominate, and in which general and indiscriminate drugging has been employed, we should have no confidence in any but the single remedy, and a relatively high potency. In malarial troubles that have been suppressed by Quinine, or rendered insufferable by fruitless guessing through the lower powers of homœopathic remedies, we would turn to high potencies with an assurance born of oft-repeated triumphs.

CASE I.—A family whom we had won to Homœopathy by successful treatment in this city, moved to Marysville, and after a two years' residence in the society of malarial microbes, the

mother, who had been a teacher, after giving a most dismal picture of the demon of ague which possessed the whole family and had repeatedly returned with renewed vigor after suppression with large doses of Quinine, in desperation, and with many doubts, wrote to ask if homœopathic remedies had any such influence over ague as she had seen manifested in eye cases. The whole family were suffering from the same general type of tertian ague: chill in the early forenoon with intense thirst, often followed by nausea; yawning, stretching, and aching in the bones, though varying in degree; no heat during the chill, and little or no sweat. Four powders of *Eupatorium-perfoliatum*²⁰⁰ were sent, with orders to dose the whole family at intervals of four hours, from the same glass. Some weeks later the gratifying report came that the first powder had cured the entire family, and the three remaining ones were being treasured as charms against any future invasion, and in no case did the fever recur.

CASE II.—A boy of three years was sent from the Sacramento Valley suffering from typho-malarial fever and headaches supposed to be in some way associated with retinal hyperæsthesia on account of the great photophobia. He had enjoyed the regulation diet of Quinine. After dosing him for several days with low potencies, and no results, one dose of Sulphur^{81M} was given as a John-the-Baptist, and a most careful and exhaustive study of the symptoms was made. The case was somewhat obscure and ill-defined, but there was a tendency to quotidian recurrence at about ten A. M., with insatiate thirst, and hydroa on the lips had given place to dry crusts. Chill not marked, lasted till about noon, with weakness and prostration, and followed by fever and dry, hot skin till evening, with moderate sweat lasting through the night. The child was emaciated and sallow, with splenic enlargement and induration. Apyrexia not well marked. Nat-mur.²⁰⁰ was given every three hours till four doses were taken, followed by placebo, and the fever was cured, with no recurrence.

CASE III.—Maiden lady of about thirty-eight, motive temperament, dark hair, and suffering from brain fag and general

exhaustion. She had lived in a malarial country and taken Quinine ineffectually for a typho-malarial fever. Nat.-mur.²⁰⁰ modified the case, stopping the chills and nightly sweat, and Rhus-tox.²⁰⁰ completed the cure. The red tongue with the characteristic restlessness of Rhus led to that remedy, and the cure was rapid and complete.

CONCUSSION OF THE BRAIN.

SARAH N. SMITH, M. D., NEW YORK.

In December, 1891, one of my patients, living in one of the suburbs of Boston, consulted me relative to a sister, a young lady, some twenty-two years of age, for whom she felt great anxiety. From hints I received, I felt sure that the mind of the sister was impaired from some cause. She could not keep her own wardrobe in order even.

But the sister said there was *one* thing that she could do well, "darn stockings," which is more than some ladies can do.

I learned that she always complained of pain at the base of the brain, extending over the vertex. She never was free from it.

She was not allowed to go into the street alone, and when out with her mother would cling to her like a frightened child.

I elicited the fact that when a child some three years old she fell from the lounge, striking the head on the vertex, causing stupor for a few moments only, then seemed to be as well as ever.

She had no confidence in herself, but was quite unwilling to be dictated to or controlled. She was impatient and peevish, with a vicious temper, when crossed was inclined to be sulky and indolent.

I was informed that they had consulted several allopathic physicians. All agreed that nothing could be done for her. Notwithstanding, I decided to take the case. I felt assured that Homœopathy, *pure* and *simple*, carefully applied was equal to the emergency.

The conditions and symptoms pointed to Arnica.

I sent her mother eight powders of Arnica²⁰⁰, Dunham, with instructions to take one powder every other day until four were used, wait one week and take the remaining four in the same way.

When she had used the first four, she told her mother that it seemed so good to be rid of that headache.

For several weeks Arnica was the indicated remedy.

She improved so much from week to week that friends and neighbors asked what had come to Alice.

A few days later her mother was called out of town for the day on business, and cast about to see what disposition could be made of Alice until her return. Alice at once said that if they would order a roast for dinner she could prepare dinner for herself and brother, and she did prepare it with perfect satisfaction to all for the first time in her life, and did it willingly and cheerfully.

Her mother said that she appeared to be *unable* to do what she attempted or what was suggested to her.

To illustrate: She would begin to clear the table after meals; she would stop and hesitate before lifting the thing to be removed; she seemed to lack *will-power* or force to carry out her purpose.

After reviewing the case I attributed this condition to torpor of the nerve centres, *paresis* of the *brain*, which, with other symptoms, suggested Lycopodium. I gave Dunham's 200, with the most satisfactory results. It acted promptly and curatively. It not only brushed away the hesitation and gave her energy of purpose and will-power to carry out that purpose, but her whole nature seemed to be changed. She was no longer fretful, imperious, and uncontrollable, but quiet and submissive in mind and temper. She tries to be kind and helpful and is anxious to improve. So reports her mother.

I wrote her mother at this point that I felt it very necessary for me to see the patient that I might learn just what her greatest needs were. Her mother brought her to New York for a two weeks' stay. I then learned from her mother that when

some six or seven years old she had fallen down-stairs, striking her head severely and was unconscious for some time. She did not recover her health entirely. Finally was stricken with blindness for three days.

She complained of great pain in the head, and back of the ear. She was never as well after this second fall. Was very nervous, but attended school, much against the judgment of her teachers. Some weeks, or perhaps months after, when attending school she, without any apparent cause, became blind the second time and continued so for twelve days. She was then taken to an allopathic hospital for treatment. The doctors in attendance pronounced her trouble iritis. They told her friends that she was liable to become permanently blind at any time, unless her general health improved. She was never very strong, but general health fairly good. After the menses appeared, about the age of thirteen, she was somewhat better, but menstruated every three weeks. But from a child of seven years she has complained of the pain in the cerebellum and more or less pain in the spine, without any relief until relieved by the homœopathic remedies that I have given her.

The first day that she arrived in New York she came to my office; said that her head felt very tired, but otherwise she was feeling very well. I gave one powder of Phos.^{45m}, F. When she came three days later, she said that her tired head was well.

At her second visit, in three days, I learned that she had a trouble, which she located at the medulla spinalis; said that it hurt her so much when attempting to lie down on a pillow that she always had to put her hand under her head to steady it. "How long have you had *this* pain?" "Always," she replied. I prescribed Apis.²⁰⁰, D.'s, and asked her to call in four days. She came at the appointed time; said that her head felt *better* and that last night she laid down "without helping her head." I gave her another powder of Apis.^{45m}, F., to be left undisturbed in its action, until I should see her again.

Of course any of these conditions are quite *liable* to return until these lesions and lacerations are thoroughly repaired, and

healthy brain tissue established. Light strains may open the wounds afresh and prove fatal to mind and body. She is but a child, mentally, but looks bright and intelligent to all observers, compared with the past. Her family are delighted with the change that Homœopathy has wrought in her and feel confident, as I do, that it will complete the cure. It is their first experience with Homœopathy. The mother and brother were quite opposed to the "new fads," but the sister, who was under my care, insisted upon it, as she had already begun to see the benefit of it in her own case. She also felt as I did, in relation to Alice, that she had very *little to lose*, and much to gain.

When Alice goes out with her mother now, she no longer clings to her mother's side, but takes the lead in their journeyings, warning her against dangers, etc.

One could scarcely credit the improvement that this patient made during her two weeks' sojourn in New York city. She seemed to come into a new life, a new world as it were, her slumbering mind awaking to the realities of life, to the enjoyment of her surroundings, and making the most of them.

Does it not seem almost incredible that concussion of the brain, with *such serious consequences*, can be cured and health of body and mind restored, after a lapse of eighteen years?

But Homeopathy has been the gospel of *peace* and *health* to thousands who never dared hope for anything but *pain* and *suffering* till the end, and will be for thousands of others who are still ignorant of *its* power to heal and to save life.

Who dares limit the power of Homœopathy?

CASE CURED.

ALEXANDER VILLERS, M. D., DRESDEN.

Translated by A. McNeil, M. D., San Francisco.

A neurasthenic young lady consulted me for fatigue of the vocal organs in the upper register. There was a suspicion on my part of hysterical paralysis of the vocal cords. Repeated examination did not confirm this view and my treatment was in vain for ten days. I then had her sing the scales and vocal exercises to

me. I immediately perceived that on account of deficient voice culture that she was compelled to strain her voice in singing the upper register. On consulting her teacher my opinion was corroborated.

I gave her Arnica^{co} a dose every day for three days, and requested her also to take a similar dose after each lesson.

In the five months which have elapsed there has been no new attack of fatigue of the voice.

I have had the pleasure of being consulted by a large number of vocal artists, and consequently I have had not a few cases of vocal fatigue. In the treatment of them I have gradually learned to differentiate. Arnica only cures in cases of over-exertion of a *deficiently* trained voice and in those quite rare ones where the modern use of the voice, which is in such bad taste of compelling a singer in opera to scream a *declaimed* musical passage above a full orchestra.

Argentum-nitricum is the remedy in exhaustion of a well-trained voice by using it too much or under unfavorable conditions, such as singing during menstruation.

Nux-vomica cures in all these cases of vocal fatigue, for which the striking expression of laziness of the mouth (*maulfaulheit*) is so expressive. The aversion to sing is only a part of the general aversion to corporeal exertion which so often indicates Nux-vomica.

[In the colds to which vocal artists are so subject, I have very frequently found Rhus-tox. to be *the* remedy.—Trans.]

In all the cases in which these three remedies are indicated, there are no [perceptible] abnormal states of the vocal cords nor any concomitants discernible.

Grauvogl's recommendation, *Lehr-buch Band, II*, page 268, to use Arnica oil in over-exertion of the voice, is not right. The higher potencies act surer and quicker, nor is the advice of a well-known homœopathic physician to gargle with a watery solution of Arnica any better. The gargling should always be avoided, and a couple of Arnica pellets, 30 or 200, if obtainable, act more certainly and without causing irritation.

From *Archiv für Homœopathie*.

MEDICAL MONOPOLY.

(Editorial in September number of *The Medical Visitor*.)

Monopoly, in whatever shape presented, is abhorrent to the American people, and especially to those residing in the generous, open-hearted West, where fair play is ever the motto. What, then, shall be said of the recent attempt of the Illinois State Board of Health to establish a medical monopoly?

The Medical Visitor, which is interested in all worthy colleges and connected with none, has had occasion to criticise the Board in the past, and is forced to do so again after receiving the minutes of the meeting of July 27th. It seems, although the Board does not say so, that the intention is to cripple the University of Chicago, that splendid institution which has already spent millions, and which was about to establish a medical department. As this would injure some or all of the colleges with which the members of the Board are connected, especially as the University, it is said, had declined to take any of them under its wings, the institution must be throttled in some way, and what better way than to require that all of its students, or in fact, the students of any new institution in the United States, must be examined by this Board, composed of members with the souls of pigmies. No college, says the Board, of less than five years' existence will be recognized. However, the poor graduate can come before the Board, and if the feeling of hatred is not too intense he will graciously be allowed to slip through.

With such a Board in existence all medical education and progress not only in this State, but in the United States, must come to a standstill until the courts again clip the wings of this useless and obnoxious Board. In every instance in which this body has resorted to the courts it has been beaten, and certainly will be again when the time comes for this question to be decided. It is only necessary to refer to Judge McAlister's decision, well known to the physicians of this State. Certain police powers were granted to this Board, and now these policemen, "puffed

up with a little brief authority," would try to regulate Mars, if they could only reach it.

Class legislation is no more popular than monopoly, and if the Board desires to examine only the graduates of new institutions, like the University of Chicago and the National Homœopathic Medical College, because they have not been in existence five years, it is class legislation of the rankest kind. Let the Board examine all graduates or none. The Lord only knows how many men from the colleges these professors are connected with could pass muster. It would be a wise act on the part of the Governor to remove these small-souled, narrow-minded bigots from the Board, for any man who will resort to such a despicable method to build up his own college, and attempt to kill general medical education and progress is unfit and unworthy the position.

CASES FROM PRACTICE.

DR. HESSE, OF HAMBURG, GERMANY.

[Translated from *Archiv. für Homœopathie* by A. McNeil, M. D., San Francisco, Cal.]

ASTHMA.—September 8th, 1889.—Mrs. P. She is of middle age, looks healthy and well nourished; hair black; has complained of attacks of asthma for a long time. Soon after going to sleep she is wakened by difficult respiration; her chest feels as if constricted; must lie with her head high; sit up or get out of bed. In the morning she is covered with sweat.

She has a sensation in the throat as if there was something in it. She also has a peculiar slight pain in the throat which she does not feel when eating. *Lachesis*³⁰, a few pellets to be taken on going to bed.

May 25th, 1891.—She returned because of other complaints. The medicine helped her rapidly. For some weeks now she has had pains extending from the ear to the shoulder and chest; five to eight diarrhœic stools in twenty-four hours, coming both day and night, with rumbling in the bowels and pains around the umbilicus. She has the same sensation in the throat

as formerly. All symptoms better in the open air. Pulsat. five powders, to be taken night and morning.

June 11th.—The diarrhoea continued only a short time after the medicine; pain only occasionally; the throat is better. Placebos, with instruction to return if her complaints did not cease entirely in a short time. She did not come back.

The indications were not strong for Pulsat. It with many other drugs has the sensation as if there was something in the throat.

Lachesis has aggravation after sleeping, and, as I have learned in a number of cases, "aggravation on falling asleep."

PSORIASIS.—April 2d, 1891.—A young woman has complained for a number of weeks of a dry herpes which first appeared on her face and then extended to her neck and arms. The eruption itched when she became warm in a room. An especial aggravation always occurred when she washed clothes. She has long been subject to hoarseness. She received Phosphorus, a powder to be taken night and morning, for two days.

April 11th.—A considerable improvement. Placebo.

Phosphorus when indicated. The patient cannot bear warmth either internally or externally. (Vomiting when he dips his hands in warm water.) [This symptom is neither in the *Guiding Symptoms* nor in Allen's *Encyclopædia*, therefore I suppose that it is clinical, and may prove valuable.—*Trans.*] It has a particular aggravation from washing clothes—at all events, from working in warm water.

INSANITY.—In the beginning of this summer (1891) was called to see a small, thin woman of fifty, suffering from an attack of heat with insanity to which she had been subject since she had a fall nine months ago. These attacks occur suddenly, and continue for hours or days, and then ceased suddenly. Her relatives were undecided whether or not to send her to an asylum for the insane. Her hands and head became hot; she was restless, and would not allow herself to be kept in bed; she was afraid those around her would injure her; she always labored under the delusion that she was not at home, and wanted to go to it; talked incoherently. In her free intervals she was rela-

tively rational, but needed constant watching. The delusion that she is not at home returns so regularly that I turned to the drugs which have this symptom well marked. They are Bell., Bry., Hyos., Lach., and Verat-alb. [Also, Coff. and Opi.] On account of heat of the head I gave Bell., and afterward, because of her confused talking, Lach., but without result. Then Verat., with immediate improvement.

The attacks became less frequent and less violent under the continued use of the remedy in the 30th potency; completely disappeared in ten days. I occasionally see her, as she sometimes complains of heat rising up to her head. Except for this she has been well for months.

I believe Hahnemann says that by the administration of Verat. a part [he says one-third—*Trans.*] of the asylums would be emptied.

SYPHILINUM 1^M.

P. C. SANDERSON, M. D., PHILADELPHIA, PA.

Mr. P. W., æt. thirty, came to my office with following history: Five weeks previous was under treatment for chancre by old school physician. Chancre cauterized three different times. He became dissatisfied, and desired I should take his case. The chancre was assuming a phagadenic appearance. Secreting ichorous pus. Inguinal glands hard and indurated. Merc.-corr.^{3x} four times a day for five weeks. No improvement. *Frænum of penis* eating away. Patient complaining. I felt discouraged. But upon reading Dr. Thomas Wilde's report of Syphilinum, HOMŒOPATHIC PHYSICIAN, July, 1891, concluded to test it.

Wrote to Dr. Swan for one thousandth potency; gave one dose a day at night for two weeks, when the chancre began to heal. Continued until the ulcer came to a standstill. I then gave a few doses of Psorinum²⁰⁰ and wrote Dr. Swan for the DMM Syphilinum. Gave one dose a day. After eight months' treatment he is a well man. The disease eradicated, not suppressed. I would occasionally give a dose of Psorinum to make it work the Syphilinum.

This man is a mechanic and during this time working very hard. Otherwise I claim he might have been cured thirty days sooner. I should have mentioned a piece of absorbent cotton was laid upon the chancre to catch the discharge.

I am treating a lady with Syphilinum with wonderful results. Her disease contracted from vaccination when a child. As Dr. Wilde says, a holy show. She was under old school treatment twelve years.

CHANCROIDS.

CASE II.—Mr. W. L., æt. twenty-five. Penis terribly swollen; four ulcers. Could not retract prepuce. Also had gonorrhœa. To use the expression of the patient when looking at his penis, *The worst I ever seen.*

Treatment: Bathed penis in hot water until he was able to retract his prepuce; dusted Iodoform on ulcers to keep surfaces apart; gave Merc.-corr.^{3x}. Ulcers healed rapidly; changed to *Can-sat.* for the gonorrhœa. Cure was complete in about six weeks. I write this as a comparison to Case No. 1.

As I have eaten such wholesome food from THE HOMŒOPATHIC PHYSICIAN, I thought it my duty to give some in return.

BOOK NOTICES.

SYPHILIS IN ANCIENT AND PRE-HISTORIC TIMES. By Dr. F. Buret. Translated from the French, with notes by A. H. Ohmann-Dumesnil, M. D. In three volumes. Volume I. *Syphilis To-day and Among the Ancients* (No. 12 in the Physicians' and Students' Ready Reference Series). Philadelphia (1231 Filbert Street) and London: F. A. Davis, Publisher. 1891. Price, cloth, \$1.25 net.

This first volume of the new work on that ever-interesting medical subject, "Syphilis," is sufficiently characterized by its title. It is a most able attempt to show that all our notions about syphilis having been introduced among civilized men at any given modern period of the world's history as commonly taught by different investigators are entirely wrong. On the contrary syphilis is as old as the human race.

The author gives exhaustive researches to show that it was known to the most ancient peoples, or rather that its ravages were known to them, though

they did not know enough to group all the various manifestations which it gave in different individuals under one name.

He quotes from the oldest poets most significant, though obscure, sentences, referring in humorous or sarcastic terms to the pathological afflictions of different individuals and with pointed hints at the disgraceful origin of these afflictions. To the trained medical eye these allusions can mean but one disease—syphilis. He quotes certain passages of Holy Writ in which the same obscure allusions occur and are susceptible of the same explanation.

He even examines the bones of pre-historic man which have from time to time been discovered and finds upon them the furrows and notches of syphilitic ulcerations, and thus comes to the inevitable conclusion that syphilis is old as man.

No one who reads the book can lay it aside without having received the conviction that the author has arrived at the truth of the question.

The book is cleverly written. All through its pages may be detected much of the humorous style of another one of the excellent members of this series—"Circumcision," by Remondino—before reviewed in the pages of this journal.

It is printed and bound uniform with the rest of the series, and is altogether an admirable publication.

W. M. J.

PYE'S SURGICAL HANDICRAFT: A manual of surgical manipulations, minor surgery, and other matters connected with the work of house surgeons and surgical dressers, with three hundred illustrations on wood. First American from the third London edition. Revised and edited by T. H. R. Crowle, F. R. C. S. Complete in one volume. New York: E. B. Treat, No. 5 Cooper Union. 1892. Price, in sheep, \$4.00.

This is an admirable volume of six hundred pages, giving the most minute directions for the performance of minor surgical operations.

One of its best features is that the subject of each paragraph is given in small type in the margin of the page. This makes it a handy book of reference. It also has a copious index of twenty-eight pages, which further adds to its value as a book of reference. It deserves a place in every physician's library, and will certainly be found on the shelves of every hospital.

W. M. J.

HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES, from the year 1825 to the year 1891, inclusive. Carefully compiled and arranged by Thomas Lindsley Bradford, M. D. Philadelphia: Bœricke & Tafel, 1011 Arch Street, 1892. Price, cloth, \$3.50; half morocco, \$4.50, net.

"This book has been compiled because it has seemed fitting that a permanent record should be made of the homœopathic books and institutions, past and present, of the United States.

"With every year it is becoming more difficult to obtain reliable facts concerning the early history of Homœopathy in America."

The foregoing lines are quoted from the opening paragraph of the preface of this book, and concisely state the motive of the author.

Our readers will remember an announcement of the forthcoming issue of this work months ago. The book in nowise falls below the promises of the announcement. It is a most valuable addition to homœopathic literature because it is a history of homœopathic literature and institutions.

It is divided into two parts: Part I, List of homœopathic books and pamphlets in alphabetical order, list of books against Homœopathy, magazines, directories, homœopathic publishers, libraries, and previous American Bibliography. Part II, Condensed histories, data, and bibliography of homœopathic societies, colleges, hospitals, asylums, homes, sanitariums, asylums for the insane, dispensaries, pharmacies, life insurance, legislation, etc. Thus the reader will gain an idea of how very comprehensive is its scope.

Dr. Bradford certainly deserves the thanks of every homœopathic physician for such a labor of love. May he have a substantial token of the appreciation of the profession by an early exhaustion of the edition.

W. M. J.

SUGGESTIONS TO PATIENTS. By W. A. Yingling, M. D.
Philadelphia: Boericke & Tafel, 1892.

This small pamphlet is another one of the numerous magazines of directions for enabling patients to state their symptoms correctly. Two or three of these little books by different well-known homœopathic physicians have been before noticed in these pages. They are all useful in educating patients to accuracy in relating their symptoms. This is indeed a great task, as the people have been so long under an entirely different educational influence—that of the old school—that they do not understand the value of the minute differences of symptoms.

The author of the little book now under review is well known to our readers for his excellent articles that appear from time to time.

W. M. J.

A NEW PRONOUNCING DICTIONARY OF MEDICINE. Being a voluminous and exhaustive hand-book of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, etc. By John M. Keating, M. D., LL. D., Fellow of the College of Physicians of Philadelphia; Vice-President of the American Pædiatric Society; Ex-President of the Association of Life Insurance Medical Directors; formerly Visiting Obstetrician to the Philadelphia Hospital (Blockley), and Lecturer on the Diseases of Women

and Children ; Consulting Physician for the Diseases of Women, St. Agnes' Hospital, Philadelphia ; Gynæcologist to St. Joseph's Hospital, Philadelphia ; Editor "Cyclopædia of the Diseases of Children," etc., and Henry Hamilton, author of "A new Translation of Virgil's *Æneid* into English Rhyme ;" Co-Author of "Saunders' Medical Lexicon," etc. With the Collaboration of J. Chalmers Da Costa, M. D., and Frederick A. Packard, M. D. With an appendix containing important tables of Bacilli, Micrococci, Leucomaines, Ptomaines, Drugs, and Materials used in Antiseptic Surgery ; Poisons and their Antidotes ; Weights and Measures ; Thermometric Scales ; New Official and Unofficial Drugs, etc., etc. Philadelphia : W. B. Saunders, 913 Walnut Street. 1892. Price, cloth, \$5.00 ; sheep, \$6.00 net.

This work of something like eight hundred and twenty pages begins with an introductory notice in which the learned authors tell us that the matter of *pronunciation* has had their first attention, on account of the diversity of teaching regarding this matter in the medical colleges. In order to be accurate, they have consulted the men of learning in the different universities of America and introduce the replies they have received from them. The answers of these Professors of Latin and Greek are very interesting.

Following the very lucid introduction we have a "Table of Medical Abbreviations" that is indeed a marvel of simplicity and brevity, and yet complete. Then we have a table of suffixes and prefixes from a to z.

The Pronouncing Medical Dictionary now follows. First we find the proper word with correct pronunciation. Now the Greek or Latin derivation is given, and lastly the meaning of the whole in excellent English. Everything is very complete. Hundreds of new words have been added and obsolete terms omitted. Indeed, the whole is a grand improvement over any other dictionary in the market. But why say more ? The work must be seen to be appreciated. It is the best work on the subject. The paper, printing, and binding are superb. No medical student and practitioner can afford to be without the great Pronouncing Dictionary of Medicine by Professor Keating.

W. S.

NOTES AND NOTICES.

DR. J. H. McCLELLAND, the new President of the American Institute of Homœopathy, was born in Pittsburgh, Pa., of Scotch-Irish parentage, some forty seven years ago. His preliminary education was secured in the Western University, after which he became a disciple of Homœopathy in the Hahne-

mann Medical College, of Philadelphia, graduating in 1867. He immediately established himself in Pittsburgh, where he has been a successful practitioner ever since. He was actively instrumental in establishing the Homœopathic Hospital in that city some twenty-five years ago, and as a member of its surgical staff has advanced the interests and fame of the institution materially. Dr. McClelland is a quiet, unostentatious gentleman, but possessed of great executive ability. That his merits have been appreciated, however, is proved by the fact that he is President of the State Board of Health, of Pennsylvania, a member of the American Public Health Association, and the American Association of Social and Political Science. Last, but not least, he has just been elected, without the slightest effort or campaigning on his part, President of the American Institute, of which he is also a Senior of over twenty-five years' membership.—*Washington Post*.

HOMŒOPATHY IN THE UNITED STATES.—Hans Birch Gram was born in Boston in the last century. He was the son of Hans Gram, of Copenhagen, where after the death of his father he was educated. He was the first to introduce Homœopathy to the United States. He finished his medical studies in 1814 with honor, and in the year 1823, after having investigated Homœopathy or the doctrine of Hahenemann, was converted and became a fervent defender of the same.

He went to New York in 1825, where he obtained splendid and numerous results, converting a great number of doctors, and although his school was combatted by the allopaths with all kinds of weapons, the new system of medicine spread in other cities in New York State, and in many other States of the Union.

Dr. Hering, a disciple of Hahnemann, introduced the reform into the State of Pennsylvania, where in a short time he made numerous proselytes.

The increase of the homœopathic system was extensive. An increase that was certain and sure, notwithstanding the opposition and insults of the old school, so that at present the laws of almost all the States concede to the homœopathist the same rights and privileges that the allopaths have.

"Actually," says Dr. Wells, "we have a Homœopathic College in New York, one in Philadelphia, one in Baltimore, one in Cincinnati, two in Cleveland, two in Chicago, one in St. Louis, one in Ann Arbor, Michigan, one in Detroit, one in Iowa City, and one in San Francisco. In all of these cities they have good dispensaries and hospitals."

New York has three hundred and fifty homœopathic physicians, in Chicago, three hundred and fifty-six. In Philadelphia and other cities numbers in porportion to their populations. The homœopathic physicians in the United States number about ten thousand.

The American Institute of Homœopathy, a voluntary association of the physicians of each State, was founded in 1844, and now has a thousand members. One thing worthy of attention is that those who were first converted in the old school have remained faithful to Hahnemann as much in practice as in principle, meanwhile many of those of the new-comers have turned eclectics, and these can also, as any other person who possesses a medical

diploma, become a member of the Institute. It followed in consequence that in each reunion till in 1874 these eclectics were very numerous, so a separation became necessary, which resulted, in 1880, in the founding of The International Hahnemannian Association, which only accepts physicians who follow faithfully the doctrines of Hahnemann. The actual members are nearly two hundred.

As is always the case, Spain is relegated to oblivion, although in relation to its population it is very probable that it has more representatives of Hahnemann's principles than some of the other countries mentioned by Dr. Wells. We do not wish to accuse any one, but we must acknowledge that we have been indolent in not having made plain our affiliation with the large family of Hahnemann. It is now more necessary than ever that we enumerate ourselves, showing to the world our value in contradiction of this opinion, and how firm and faithful we are to the pure principles practiced by the immortal sage.—*Revista Homœopática de Barcelona, Enero, 1892.*

DR. RUFUS LEANDER THURSTON has removed to Hotel Hamilton, corner Clarendon Street and Commonwealth Avenue, Boston.

A. L. KENNEDY, M. D., has removed to Hotel Hamilton, corner Clarendon Street and Commonwealth Avenue, Boston.

DR. F. L. GRIFFITH, of Edina, Missouri, will move to Austin, Texas, about August 30th, where he has formed a partnership with Dr. Thomas H. Bragg. This will be a purely homœopathic combination.

DR. PEMBERTON DUDLEY, General Secretary of the American Institute of Homœopathy, will remove about August 1st, to No. 1405 North Sixteenth Street, Philadelphia.

DR. IDA WRIGHT ROGERS, Editor of the *People's Health Journal*, and Professor of Dietetics and Personal Hygiene in the National Homœopathic College, of Chicago, arrived in Liverpool August 18th, and will spend several months abroad in study and sight-seeing.

THINK of it! The New York Homœopathic Medical College and Hospital announces in its circular for the ensuing year: "Model prescriptions will be made, at least, once a week." Query. What kind of prescriptions are the remaining ones?

HITCHCOCK.

THE HERING COLLEGE OF HOMŒOPATHY is the name of a new College to be started in Chicago in October. In their circular, the projectors say: "In announcing the organization and establishment of the Hering College of Homœopathy, those responsible for its existence hardly feel that an explanation is demanded beyond the statement that the institution is to teach the philosophy of Homœopathy and the facts of the Homœopathic Materia Medica. It is true that there are a great many medical colleges in this country, some of which are homœopathic in name, but there is not one college in America or in the world that thoroughly, courageously, and persistently teaches certain

truths which we hold to be as essential as they are eternal. Upon the truths of the *Organon* of Samuel Hahnemann, as illustrated and confirmed in practice by men such as Dunham, Farrington, Lippe, Hering, and Guernsey, is founded the Hering College of Homœopathy, and we submit the justice of our plea and the uprightness of our purpose to those who believe that the appropriate place to test medical theories is the sick room. * * * As we believe the first and highest duty of the physician to be the restoring of health to the sick, we shall devote extraordinary time and effort to the teaching of the facts of the Homœopathic Materia Medica and the principles governing their practical application, for nearly all young practitioners fail because they have not been taught how to apply the remedy." For further information address L. A. L. Day, M. D., 70 State Street, Chicago.

WANTED.—Volumes II and V of Hahnemann's *Chronic Diseases*, Hempel's translation. Or a complete set of the *Chronic Diseases* will be bought if a reasonable price be asked. Wanted also volumes I, II, and III of THE HOMŒOPATHIC PHYSICIAN. For sale or exchange one copy Hering's *Analytical Therapeutics*, Vol. I, cloth, one copy Gross' *Comparative Materia Medica*, half morocco, one copy Grauvogel's *Text Book of Homœopathy*, half morocco.

All these books are good; all are rare, all in good order.

Apply to S. C. care of THE HOMŒOPATHIC PHYSICIAN, 1125 Spruce St., Philadelphia, Penna.

DR. GEORGE WILLIAM WINTERBURN, editor of the *Homœopathic Journal of Obstetrics, Gynecology, and Pedology*, has removed to his new house, No. 230 West 132d Street, New York.

WORLD'S CONGRESS NOTES.

The decision of the American Institute to hold its next session in connection with the World's Congress of Homœopathy at Chicago, in 1893, will insure the largest and most representative meeting of our school ever held.

The International Hahnemannian Association has been invited to take part in the Congress.

The Great Northern Hotel—new and elegantly furnished—absolutely fire-proof, has been engaged for the headquarters of the Congress. It is about three blocks from the Art Building where the sessions of the Congress will be held. Rooms will be furnished at regular rates. Application should be made at once to Dr. J. H. Buffum, Venetian Building, Chicago.

The magnificent Art Building, to cost \$1 000,000, in which the meetings of the Congress are to be held, is now being rapidly built, and will be completed May 1st, 1893. It will contain two audience rooms seating 3,500 each and a dozen or more halls seating from 300 to 700 each. Ample facilities will be offered for introductory exercises, general sessions, and committee meetings under the same roof.

The new four-mile intake will be ready for use in a few weeks, and Chicago will then have one of the best systems for securing pure water in the world.

One of the most interesting studies for physicians at the Exposition will be

the sewerage system. Six thousand sanitary closets will be built in marble compartments. From these the sewerage will be conveyed to large tanks at the southeast corner of the grounds; there purified by chemicals—its solids pressed into cakes and burned in furnaces. Arrangements are made for a permanent city of 300,000 inhabitants. This method will therefore receive a thorough test.

The Congress will convene Monday, May 29th, 1893, and continue its sessions through the week, the last session being held June 3d.

It is hoped that the attractions of the Exposition, with those of the Congress, will secure a large representation of physicians of our school from foreign countries. The Committee will make earnest endeavors to secure such delegates.

FUN FOR DOCTORS.

Doctor—"My dear madam, there is nothing the matter with you—you only need rest."

"But, doctor, just look at my tongue!"

"Needs rest too, madam."—*Fliegende Blatter*.

AN eminent physician recently gave a medical student the following advice: "Never, never send in a bill for odd dollars or cents. For instance, suppose my bill for some particular case amounts to \$450. Instead of making it out for that amount, I make it an even \$500 and—get it. The patient would just as soon pay that, and in nine cases out of ten he will grumble at the former bill and pay the latter without a murmur."

DANGEROUS PROXIMITY.—"Is your father in immediate danger?"

"Indeed he is. There is a doctor up-stairs now."—*The Jester*.

Polite Waitress—"Tea, doctor?"

Doctor—"No, coffee, if you please."

Waitress—"Roast beef, doctor?"

Doctor—"If you please."

Waitress—"Corn, doctor?"

Doctor (indignantly)—"No, madam, I am a dentist."—*Drake's Magazine*.

KNEW HIS BUSINESS.—Mr. Laman—"Why do you always question patients so closely about what they eat? Does the information you get help you to diagnose their cases?"

Doctor Emde—"Oh! no! But by so doing I am enabled to guess what their station in life is, and how much fees I can probably get out of them."

ONLY BODY SNATCHERS FEARED.—Doctor Killem—"Did the medicine I sent your husband cause him to rest easy?"

Mrs. Widderweeds (sadly)—"Yes, unless the medical students have disturbed him."—*Epoch*.

DEFINITION OF APOTHECARY—"A man who mixes drugs of which he knows little, to pour into a body of which he knows less, to cure a disease of which he knows nothing."—*Voltaire*.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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OCTOBER, 1892.

No. 10.

EDITORIAL.

BROKEN DOSES AND THE REPETITION OF THE DOSE.—At the meeting of the Internationals there was a prolonged and interesting discussion upon broken doses suggested by the paper of Dr. Arthur G. Allen. This paper and the discussion appear in full in this number of THE HOMŒOPATHIC PHYSICIAN. This discussion revives the old question of the repetition of the dose, and a careful reading of what is there said will give an intelligent idea of the variety of opinions held upon this subject of repeating.

After all, the selection of the ideal simillimum for any given case is the only true solution of the problem.

When a remedy is given that is the exact simillimum of the case to be treated there is no appreciable time between the administration of the first dose upon the tongue and the beginning of the cure. Homœopathic physicians have often been heard to say that the medicine no sooner touched the patient's tongue than the symptoms began to ameliorate. The late Dr. Lippe, who was remarkable for his capacity to select the simillimum, has repeatedly expressed himself thus in the hearing of the editor. Other physicians have had a similar experience, and many who read these lines will have recalled to their memory with pleasure observations of like character. Now, then,

if our remedies were fully proven, our repertories perfect, and our skill in examining the case higher, we would more frequently realize the deep satisfaction of finding a medicine that has the totality of the symptoms of the sick condition which it is our aim to relieve, and more frequently witness these miraculously prompt cures. The further we diverge from such mathematical requirements as constitute the homœopathic formula of cure, the more we must repeat, the more we must change the prescription, the more will our views vary as to what are the requirements in general, and the more conflicting will be the testimony of our individual experiences.

The deeper we look into the operation of these three principles—the simillimum, the minimum, the single remedy—the more difficult will appear its requirements and the richer the rewards to such as can patiently and industriously penetrate these depths and overcome these difficulties. No more helpful way of getting an insight into these depths of possibility for suffering humanity can be devised than the reading of thoughtful papers by sincere Hahnemannians before assemblages of their brethren and thus provoking discussion.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

First Day—Evening Session.

Tuesday, June 21st, 8 P. M.

(Bureau of Homœopathic Philosophy—Continued.)

HOMŒOPATHY A TRUE SCIENCE.

J. H. ALLEN, M. D., LOGANSPORT, INDIANA.

Any science, in order to be a true one, should have a philosophical basis, without which it is more or less empiricism and cannot be classed as such.

It requires certain fixed laws that are not only natural, but universal. The atom must be governed by the same law as the molecule, and the molecule as the mass. Even at the close of the

eighteenth century, most of the sciences were in an empirical state. Take for instance, Astronomy. All was chaos until Kepler founded our modern science. The best recognized function of the German school at that day was their construction of prophecying almanacs—greedily bought by a credulous people, and quickly believed by the future they pretended to disclose. But Kepler followed out the suggestions of Ptolemy and Cardan, on planetary influences, together with his wonderful mathematical calculations as to planetary changes; but not until a Newton came and gave us that universal law of gravitation could it be classed as a true science. So it is with one of the most beneficial of all sciences to man—medicine. Away back in the almost legendary past, when knowledge was but a feeble taper burning in the dark, came up an Hippocrates as a bright flame lighting up the horizon of that trackless waste where the foot of science had never trod. But under him who said “My work is not weighed or measured,” the dark clouds of Mythological medicine began to disappear, with all their superstitions, with all their foolish prayers, sacrifices, and mysterious incantations. This was but the breaking of the dawn. One by one the great lights began to burn as we follow down the ages—forerunners of the great Messiah of medicine that was to come.

In the course of time came that prince of philosophers—Samuel Hahnemann, the founder of a School of Philosophy that is greater than that ever taught in the Porch of Zeno; greater than the Lyceum of Aristotle; greater than the Academy of Plato. Yes, greater for the benefit of mankind, than any other philosophy. His law of cure is the true essence of philosophy, God-given in its principles; true as the laws that govern the motions of spheres.

I have divided Hahnemann’s philosophy of medicine into three great fundamental principles:

First—The dynamic origin of disease.

Second—The law of the similars, and their application to the cure of disease.

And the third great principle is the potentiation of drugs.

In the first principle we will place life—its nature, origin, and the relationship it bears to disease.

To define life has been but the feeble attempt of the few. Socrates, the father of philosophy and reasoning, had worked out that great problem of immortality, and the continuance of this life beyond this vale of tears; but he who said, "It must be so, Plato, thou reasonest well," spoke not of that vital principle that vivifies and animates these corporeal casts of clay. Swedenborg says, "Life is that constant efflux from the Almighty." "Life," says the German physiologist, "pre-exists organism. It collects matter or material, and creates organism. It is the priors of all creation. Nature, in all its immensity, is but the unfolding of the absolute." Samuel Hahnemann, though not the first to recognize this life-force as the prior of organized matter, was the first to recognize disease or a diseased condition as but a deranged or disturbed life-force. "Health," he says, "is these forces acting in harmony. Disease is deranged life-force, still retaining its spirit-like origin." Thus he reasoned: "If this be the true philosophy of disease, this material organism depends entirely on this vital principle, and is incapable of sensation, action, or self-preservation without it, it is this vital principle alone that animates it either in health or disease, imparting to it all sensation, and enables it to perform its function." Reasoning from this standpoint, the master mind of Hahnemann began to search for a law of therapeutics, which brings us to the second great fundamental principle of his law of cure, or the law of the similars.

Long before Hahnemann's day others had alluded to this law of the similars as a law of cure. Noted among them was Paracelsus, born about 1490. He, like Hahnemann, was a great chemist; and it is said that he made a study of mineral waters and used them in the cure of disease. His doctrines were confirmed to some extent by his success in curing diseases, or mitigating them, with which other doctors could do nothing. But after expounding his doctrines to his friends they began a series of persecutions against him which drove him from the University, and even from his native home, and from them he suf-

ferred more persecutions than did Hahnemann. The question now arises: Did Paracelsus at any time or in any way adopt the law of the similars in his cure of disease or not? The probability is that he did not; but it is possibly true that he had conceived of disease as some phase of life. On the other hand, Did Hahnemann receive any insight from the writing of Paracelsus or others? Some have thought he did. At least his enemies have accused him of having stolen his knowledge from others, and that he is not the first to have discovered the law of the similars. Hahnemann does not say that he was the first to conceive of diseases being cured by their similars. Hypocrates had said "Sometimes diseases are cured by their similars and sometimes by their opposites," but he does say that he was the first to put the law of the similars into practice and conceived it to be a universal law. The similarity of the symptoms that China produced on himself to the Hungarian fever probably formed a nucleus to a train of thought that led him to make this wonderful discovery, together with the analogies taken from the open book of nature, of which Hahnemann was a close student, and to which he refers us all through his *Organon*, helped to strengthen his belief until he had proven enough remedies to put it into practice. Pure experience through the senses, which was the philosophy of the school from which he was about to break loose, was an ignominious failure and would not assist him; but pure experience through the understanding did assist Hahnemann in working out this wonderful law whose motto is the finger-board pointing the way. He did not call it a science of biology or consign it to that sphere. He simply noted and studied the phenomena and gave it to us as a well verified and only scientific law of cure. In paragraph twenty-eight of the *Organon* he says: "I therefore place but slight value upon any attempt at an explanation, but the following holds good as the most probable: The artificial morbid disease is implanted upon the vital power deranged by the natural disease," etc. It would seem that for us to know just how a remedy or these disease-producing agents act is beyond the ken of our senses and probably the understanding, though not out

of the sphere of the natural. We can but note the phenomena and appreciate the wonderful workings of the law. In the first place, we note that we are dealing with force agents. "What is force?" "It is an active state of matter," says the scientist, and "What is matter?" Why! force partially at rest or in a placid state. Can we consign the action of the homœopathic remedy to the law of motions? or, in other words, through the law of action and reaction? This is a pure understanding conception, and may be verified in an objective reality by the determination of an experience as contemporaneous or as occurrence of events simultaneously. We can conceive of substance in combinations or in collision, while certain modification must be made in one or the other substance and thus the change be reciprocal, whether the natural disease-producing force forms a combination with the artificial disease-producing force and neutralizing the former so that it is no longer a disease-working agent. Perhaps some negative or positive state, as the case may be, is set up by the conjunction of these two contending forces are questions for scientific thought. However it may be, it matters not much whether we know or not just how these wonderful changes take place in our patients when we have given the right remedy, so long as we walk under the banner of the law, the potent drop will still work its wonders before our eyes.

The last fundamental principle of the great law of cure is the potentiation of drugs. The discovery of the dynamic origin of disease and the law of similars may be considered as among the greatest gifts that could have been bestowed on the human family, but the crowning glory of this beautiful philosophy is his potentiation of drugs. Hahnemann, no doubt, like the most of us when we first began to practice Homœopathy, used tinctures and drugs in a crude state, then gradually began to lessen the dose until finally it reached that point when it was infinitesimal. "When," says Hahnemann, "that point was reached where neither physics, chemistry, or any method known to science could detect any trace of the original drug, still it was a powerful disease-producing agent." To use his own words, it exalted its power; it acted longer, deeper, and gave better results.

Upon this he based the last great principle of his law of therapeutics—that is, disease is of dynamic origin, and is cured by producing an artificial disease similar to the natural one. Then the artificial disease-producing agent must be of a spirit-like nature.

We then must have at our command, in order to fight our battles well with these unseen forces that derange and distune these healthy life-forces, agents that have like qualities, the nature of which is similar. It must be graded and tuned to a similar note or key. Crude and inert matters have not these qualifications until they are potentized. It is a sort of development, arising from a lower to a higher plane in the quality of power. In the crude state it was under the law of chemistry—more mechanical : now it approaches the dynamic or the action of the forces unseen. They are no longer clothed with the material which was but a medium from which these potent forces were liberated. It is the key that unlocks the secret doors and liberates these Prometheus-bound forces from their store-houses of nature, that we may use them in our battles with disease.

The action of the crude drug, and even the lower potencies is like a picture that is roughly sketched. It is only in the first stages of development, and lacks tone and harmony. The colors do not blend nicely ; it needs here and there the skillful touch of a master hand to bring it out. The crude lines must be modified ; the dark shadings toned down with light, when we have before our eyes a perfect picture—a thing of beauty. The action of the higher potencies is more prolonged, and does not require frequent repetition—usually one dose or two suffices to bring about the desired result as far as the action of that remedy is concerned. Its action is more profound, changing even mental and often moral conditions. The very solar centres of life give us demonstrations of their presence. There are none of you but have seen their struggles with that grim monster, Death, for mastery, contending with those malignancies that would seem to scoff at their feeble efforts, and when your patient was sinking, sinking in that downward groove that leads to death, your potencies came out victorious.

In conclusion, let me ask you to study well this Hahnemannian philosophy, the basis of which is found in his *Organon* of medicine, every paragraph of which is a mine of knowledge; every line containing a precept or a principle. Let us study well our materia medica, for it is our sheet-anchor; study well these potent forces that bring back life and health and happiness to our patient and make us feel that the world is better for our having lived in it.

NEURAL ANALYSIS.

Prof. Dr. Gustav. Jaeger's Latest Proving of Homœopathic Potencies.

B. FINCKE, M. D.

(Bureau of Homœopathic Philosophy, I. H. A.)

About ten years ago Prof. Dr. Gustav Jaeger, in Stuttgart, surprised the homœopathic world with his investigation of homœopathic high potencies by his method of Neural Analysis. As you know, by a delicate electric chronoscope which shows on its dial as small a quantity of time as a mill second or a thousandth of a second, he measured the time which passes between looking at the beginning of the hand to move and the pressure with the finger by which the movement is stopped.

The distance between the eye and the finger is measured by the number of mill seconds passed over and thus indicates the velocity of the nerve-action, and therefore corresponds to the distance of the hand from the starting point to its stop, by mill seconds. This is called the *nerve-time*. By introducing into the organism medicinal substances, the nerve-time in the subsequent observations is either accelerated or retarded, in other words, they shorten or lengthen the nerve-time. The result of the investigation was very favorable to high potencies which gave the shortest nerve-time. The 4000th centesimal potency gave the highest percentage.

Now lately Dr. Jaeger has been invited by the publisher of the *Allgemein Homœopathische Zeitung* to resume his neural analytical researches, to which he readily responded. The first part of his work is before us, and contains a table which shows the

result of his nervo-analytical provings of Kali-carbonicum in potencies from 3-27 decimal and 30-1000 centesimal. The mode of operation is different from the former. The transference of the substance upon the higher potencies was perfected through the whole series in equal vials, which is supposed to mean that they were carried up on the remaining drop according to Korsakoff's method, but no more particulars are given. Of the potency to be proved, one drop was dropped into a glass with about two grammes of distilled water and the whole swallowed at once. Previously observations were taken in health without taking anything, then with as much swallowed distilled water as was used for the analysis, and after that the medicinal fluid was tested. The numbers of the nerve-time of all these observations were taken down chronologically.

The table showing the medicinal action of Kali-carbonicum is remarkable for the result obtained from the numerous measurements. Dr. Jaeger, this time, has taken particular care to analyze the lower decimal potencies which have come into such favorite use against the warnings and advice of Hahnemann. As the time is too short to criticise in particular, we only point out what is of the greatest interest to the Hahnemannian homœopathician, without entering more than necessary upon the reasonings of Dr. Jaeger, which, from his standpoint of materialism, disagree with that of Hahnemann, viz., Dynamism.

The lowest potency tested, the 3d decimal, gives after six minutes a sum of the values of the nerve-time-numbers obtained of —255, which means that the nerve-time during these six minutes has been decreased by 255. Dr. Jaeger draws the conclusion that the action of this low potency, after showing at the end of the first minute the opposite, is a paralyzing effect.

The next potency is the 5th dec. in 7 minutes —251, and the 7th dec. in 10 minutes —80.

From the 9th to the 25th dec. the numbers rise with the opposite effect of increasing the nerve-time, which gradually rises through the

9th	decimal	5	minutes	with	+	21.
11th	"	7	"	"	+	215.

13th decimal	6	minutes	with	+191.
15th	"	6	"	" +296.
17th	"	7	"	" +441.
19th	"	7	"	" +566.
21st	"	7	"	" +548.
23d	"	7	"	" +669.
25th	"	7	"	" +645.
27th	"	7	"	" +579, to the
30th cent."	8	"	"	" 999.

This result is remarkable, and that Hahnemann's advice was not without reason when he recommended this potency for treatment in disease and proving in health and for the sake of uniformity of observation. The rise of the numbers from the 23d dec.=11½ centesimal near the limit of potentiation assigned by the anti-Hahnemannian school with the nerve-time of 669 to 999, is enormous and demolishes the scholars of this school completely who contend that there is no action in potencies beyond the 12th centesimal. Not enough, the rise of the nerve-time goes on through the remaining series of centesimal potencies of the

50th in 10 minutes	with	+1073.
100th	" 10	" " +1221.
1000th	" 14	" " +1463.

Nay, not only is the nerve-time increased with every rising potency, but also the duration and intensity of action.

This is what a preliminary examination of the first table furnishes. A more thorough judgment can only be had when the whole work is finished. For the present the great value of the table is in the production of the numbers of nerve-time, which incontrovertibly show that the potentiation of Hahnemann is a fact which nothing can overturn. By bringing the original substance in a suitable way according to the ratio of 1 : 100 with a series of quantities of inert vehicles so that the medicinal force contained in it is distributed over and assimilated by every particle of the vehicle, the medicinal power of the original substance used is multiplied and spread in all directions, and ac-

quires new forces which answer the varying susceptibility of the organism in health and disease.

The question arises what does the increase and decrease of the nerve-time mean in regard to the organism? Dr. Jaeger comes to a different idea than we, reared in the homœopathic school, have imbibed. We take medicine for the sake of proving, and being in good health at the time, the subsequent symptoms of more or less severity we lay to the distunement of the life-force. In other words, we get sick by the medicine we have taken. Now by Neural Analysis we find that by taking medicine in the lowest potencies the nerve-time is retarded, in the higher ones accelerated. Dr. Jaeger, under the impression of his former neuro-analytical investigations and generalizing thereon, concludes that "much substance, heavy substance, too, concentrated substances paralyze, saturate, retard the vital functions, and reversely small quantities, light, volatile, and attenuated substances animate, accelerate the vital motions," and that "every substance disposes over two opposite factors—a retarding and an accelerating one." "How can that be?" The retardation is explained by the inertia of the factor in conformity with mass, weight. Hence heavy substances have slow motion, also large quantities, and concentrated substance has not space enough for moving. The animation and acceleration come from the light and volatile substances. In the place of the mass and weight, with their inertia, the lightness and volatility introduces the conception of velocity as the other factor, and now Dr. Jaeger arrives at the explanation of potentiation, viz., that the more the quantity of the substance diminishes the more increases the velocity of its internal motion as in warming, or it assumes the properties of a volatile substance, and this increases with increasing attenuation, as the table shows.

There is an irreconcilable difference between this theory and the Hahnemannian view. How can that which makes the healthy organism sick at the same time animate him? The idea that what accelerates nerve-action is also animating it—*i. e.*, giving life—*increase life*—cannot be admitted. That which excites the nerve-system cannot be said to animate it. On the

contrary, by increasing the action upon the nerves it accelerates the organic change, and as this implies loss, which is to be repaired, it can only produce the opposite of animation, viz.: loss of vital power.

In regard to the idea that the lower potencies on account of the quantity of substance paralyze the system, because they retard the nerve-action, it does not prove that it deadens this action by retardation. It only shows that the action of the life-force is not as lively as in the higher potencies; but why? It's not easy to say, and we wish to lay the proof of it to the feet of the low potentialists. Besides, the time is too short to enter upon this as interesting as intricate subject.

The line of reasoning of Dr. Jaeger was only mentioned because it leads him to the molecular theory to which he "leans," and makes him call potentiation "the increase of velocity of the interstitial molecular motion." And he threatens the physicists that they shall have to extend their physical theory because the facts go against it, and must prevail if the theory is to go down. But the Doctor is not aware that with this his leaning to the molecular theory goes down, too, and as he progresses in his investigations of potentiation he no doubt will have to give up the standpoint of the old school, which depends upon materialism, and can never comprehend Hahnemann's potentiation if they hitch it on to the molecular theory.

The adherents and professors of this theory have already denounced all potencies above the 12th centes., as being nothing but delusion. The calculations of the greatest men in physical science have not by far reached even that limit. How can the Hahnemannian, with his thirtieth, hundred-thousandths, and million potencies lean upon such a fragile support as the molecular theory? He has to emancipate himself from his thralldom of inert matter.

However, be that as it may, the efforts of our friend, Dr. Jaeger, are of inestimable value, because he furnishes facts and dates in favor of homœopathic potentiation which cannot be silenced down nor controverted, for "numbers prove."

Dr. Jaeger complains of the small encouragement which he

had from the homœopathic side ever since he published his immortal investigations ten years ago, and as he undergoes the great labor only in the interest of real science and for the best of Homœopathy which he found himself bound to acknowledge as true, after his diligent search for the truth, every homœopathician ought to express freely his appreciation of his noble efforts and his thanks for what he has done for Homœopathy.

DISCUSSION.

A motion was made and carried that a letter be sent to Dr. Jaeger by the Corresponding Secretary, expressing the gratification of the Association at the results of his investigation.

Dr. Tompkins—I understand that Dr. James has made some experiments in this line and would like to hear from him as to the nature of the instrument, and also what he thinks of the value of these experiments.

Dr. W. M. James—In regard to the actual practical value of the experiments, I cannot give a satisfactory answer. The work was being prosecuted by Dr. Fellger and was brought to a summary conclusion by his death. We had only experimented about two months, which was not time enough to arrive at any definite conclusions, and whatever results were obtained have now been lost. The instrument consisted essentially of a clock dial and works, the latter moved by a heavy weight. Behind it were two electro-magnets placed opposite to each other and drawing on or affecting an armature which lay between them. There was also a push-button and the instant that it was pushed as well as the instant it was released were accurately recorded on the dial and could be read off without calculation.

Dr. Tompkins—Did the experiments leave an impression on your mind that there was something in neural analysis or not?

Dr. W. M. James—Yes, I believe there is something in it, but it requires an immense amount of training to carry on the experiments accurately.

ORGANON, § 16.

ARTHUR G. ALLAN, M. D., PHILADELPHIA, PA.

In the sixteenth paragraph of *The Organon* we find the following words :

“Our vital-force being a dynamic power can be affected only in a purely dynamic manner by the noxious influence of the hostile agents acting upon the healthy organism which come from without to disturb the harmonious play of life. Therefore the physician can remedy these disturbances, diseases, only by bringing to bear upon them some substance endowed with a force *equally* dynamic or virtual from which the vital-force receives the impression by the aid of the nervous sensibility everywhere present.”

I have chosen this section of *The Organon* as my subject because it sheds a ray of light upon a most important point—the administration of medicines. We are daily confronted with the following questions :

1st. In what potency ought the remedy to be given ?

2d. In what manner ought it to be administered ?

We all admit that we have an absolute rule for the selection of the remedy, and certainly there must be also just as definite a rule for its administration as there is for its selection. It is a great thing to know how to select the remedy, but it is equally as important, if not more so, to know how to give it, since of what value is something the use of which is unknown ? Can a man who has a large assortment of surgical instruments become a surgeon without knowing how to use these instruments ? It is not the instruments or the knowledge of what they are for that makes a surgeon skillful, but it is the knowledge of how to use these instruments. In like manner it is the knowledge of how to give the remedies after they have been selected that will make a physician skillful in the healing art, and not merely a knowledge of how to choose remedies under the law, *similia similibus curantur*. It is not sufficient to say that too much of the remedy must not be given and that we must not repeat

doses too often, but give a single dose of the remedy and then let it have plenty of time to act; but we must know how the remedy acts and what part it plays in effecting a cure in order that we may be able to give definite reasons for this assertion. The human mind is not satisfied to know a bare fact. In its thirst for knowledge it craves for the *reason why*, and unless this desire is satisfied it fails to appreciate and retain even a most valuable truth.

In considering the meaning of Hahnemann's words when he says that, since diseases are dynamic in their origin, they must be cured by powers that are *equally dynamic*, we are impressed at once with the idea that in order to obtain medicinal powers that will be of an equal dynamization to the disease power, medicines must be potentized.

This is so evident that there can be no other conclusion formed. The vital-force being an invisible power and the disease itself being likewise an invisible power, it follows that to cure disease we require as a medicine another equally invisible power. It is quality, not quantity, that is necessary to work a cure. Therefore, potentization of medicines is essential to Homœopathy; one cannot practice it unless he employs medicines in this manner.

But it is not sufficient to stop here.

Hahnemann has said that as the disease is dynamic the medicine must be equally dynamic, and this brings us to another important consideration. The medicine should have dynamic properties equal to the disease. Now, do all diseases have the same degree of dynamization, or is there any variation in them, and, if there is, what is it and how can it be determined? If we observe two patients suffering, one from an acute disease, and the other from a chronic one, it will not take long to see that the two diseases are unlike in action. The acute disease develops suddenly and has violent symptoms, indicating a great intensity of action. On the other hand, the chronic disease develops slowly, almost imperceptibly, yet with irresistible power, and finally overwhelms the vital-force; in action the opposite of the acute disease. These two diseases, the acute and the chronic,

may both require the same medicine to bring about a cure, and yet, as we have just remarked, in intensity and mode of action they are wholly unlike. Consequently the medicine (potency) that is similar in action to the one case will be wholly unfit for the other. To suppose that we can employ one set of potencies for all diseases is as grave an error as alternation, etc. The action of a potency is not like that of the crude drug. Many medicines that are active in potency are apparently inactive in the crude form. So with the various potencies—the low, the medium, and the very high ones—vary in their action. In studying the action of a medicine in its various potencies it will be found that the low potency has a much more prolonged and much less intense primary action than a high one. The high potencies impress the vital-force suddenly and their action has a shorter duration than has that of the lower potency. The higher the potency, the greater the initial intensity and the shorter the duration of the primary action; so that in comparing the action of high and low potencies with the action of disease we notice at once that low potencies resemble chronic disease by having a much more prolonged and much less intense action, and that high potencies, by having a more rapid and intense action upon the vital-force are similar in action to acute diseases. For this reason, in order to employ medicines that are *equally* dynamic to the disease, we should use them in low potencies in chronic diseases and in the highest potencies in acute ones. In chronic diseases the highest potencies are *not similar*. On account of their great intensity of action they are more liable to aggravate than low ones, but in acute diseases the high potencies are much less likely to cause an aggravation than the low ones. The danger from the use of crude drugs and very low potencies in acute diseases is not alone from the homœopathic aggravation which medicines are likely to produce, but a very low potency, or a crude drug particularly, not being similar in action to an acute disease, in place of provoking a curative reaction may merely irritate and excite the already over-sensitive nervous state of the patient, thereby aggravating his condition without the possibility of a curative reaction taking place,

notwithstanding the fact that the medicine may have been correctly chosen. Although this is an aggravation, it cannot be considered in any sense of the word a homœopathic one. Finally, there is a condition of chronic disease where the highest potencies are to be given the preference over low ones. It is in those cases where allopaths have subjected the patient to a prolonged course of treatment. In these cases it has been the custom among homœopaths to give Nux to calm the nervous excitability that such a treatment has produced. Likewise for the same reason it is impossible to derive any benefit from low potencies until the high ones have quieted the patient and antidoted the effects of the previous drugging.

Having seen that we are to begin the treatment of *acute diseases* with *high potencies*, and *chronic diseases* with *low ones*, we now come to another important subject :

When is it best to give a medicine in repeated or broken doses ?

How many of us are there who have not at times been perplexed and unable to decide whether to give a single dose and wait, or to give a succession of doses ? The remedy has been selected, but how shall it be given ? This is a question that has disturbed us all, although there is just as definite a rule for the administration of doses as there is for the selection of the remedy itself. To understand this subject we must continually bear in mind that every medicine when administered produces two effects—a primary or direct action, and a secondary action or reaction, which is the curative one. If, after a single dose of medicine has been administered, another one is given before the primary action of the first dose has ceased, it will cause an increase of, and a prolongation of the primary action which the first dose produced. If a third or fourth dose be given in the same manner, it will still increase and prolong this primary action, each succeeding dose intensifying to a certain extent the primary effect of the preceding one. The object of the administration of medicines being to produce a reaction that will blot out the disease, let us see what effect such a succession of doses will have upon the reactive or curative action. The reaction

after the administration of a medicinal force in disease depends for its intensity and duration upon two circumstances—the length of time that the primary action lasted, and upon the amount of force that the medicine exerted over and above that of the disease. We have already seen that the effect of a succession of doses is to increase the intensity of the primary impression of the first dose, and also to prolong the primary action, so that we must observe that the only time when a succession of doses is admissible is when we find the single dose fails to produce a primary impression upon the vital-force of sufficient duration and intensity. The cases in which such a procedure is advisable are those in which the disease action is very intense, and where a single dose would have but a slightly greater intensity of action than the disease, and be followed by so short a reaction that it would accomplish very little before its effects would be lost altogether. “The medicine,” said Hahnemann, “must be more intense in its action to supplant the disease than that of the disease force,” and it is to insure this greater intensity of action that we are to give divided doses. In acute diseases alone do we find an intensity of disease action which requires so very great an intensity in the medicinal action to supplant it that it is advisable to resort to broken doses.

In chronic disease the opposite exists. The action of the disease force in chronic disease is of so very little energy that a single dose will have an intensity of action so much greater than the disease that even a single dose of the highest potencies will often produce, in susceptible persons particularly, a dangerous aggravation, and at times even “spoil the case,” as we call it. Thus, we observe that *broken doses are only suitable for acute diseases, and they never should be given in chronic disease under any circumstance whatever.*

Having now found out what kind of disease requires broken doses there arises right here another question: How long can this repetition of the medicine be continued with good results? This is a question which experience alone can determine and must be left to the judgment of the prescriber. One case may require a more frequent repetition than another, so that no arbi-

trary rule can be laid down for every case ; but my own experience in the matter leads me to consider that it is not advisable to continue this repetition more than six hours, and usually six doses at intervals of half an hour are amply sufficient.

It often happens that after the lapse of twelve or twenty-four hours we find that some of the symptoms remain or we notice that the disease is again increasing, making it advisable to repeat the remedy. Then the question at once arises : Will it be better to repeat the remedy in broken doses or give it in a single dose ? Here again we must be guided by what we are endeavoring to do with the remedy which we are administering, and also what we have already accomplished by the broken dose which has been given. Bearing in mind that it is the reaction of the vital-force that cures and not the primary action of the medicinal force, we must now give only enough to stimulate the vital-force to react. The effect of the broken dose already given has been to diminish the intensity of the disease action ; but a cessation of the amelioration which the broken dose had started or the increase of the disease again is an evidence that the dose has failed to produce a sufficiently powerful and prolonged reaction. Now, the necessity in the case is to continue the reaction which the first dose had started. The acuteness of the attack having been modified by the first dose, we no longer find it necessary to give broken doses to insure a high degree of intensity of action as in the administration of the first dose ; but it is merely necessary to give encouragement, so to speak, to the vital-force to continue to react. For this purpose a single dose alone should be given. In fact, the administration of broken doses again would subject the patient to the dangers of an aggravation or what might be called a proving of the remedy. And this brings us to a point that is quite *apropos* to the occasion : Is it best in repeating to give the remedy in the same potency or in a different one, and if a different one, should it be a higher or a lower one ? The first dose was given in the highest potency because the highest potencies resemble acute disease in action ; that is to say, in intensity of action. The medicine must have greater intensity of action than the disease in order to supplant it and

produce an impression upon the vital-force. That it did have this is manifested by the fact that it modified to a certain extent the violence of the attack. But the second dose which we are now called upon to administer is given, not to obtain an intense action which the disease modified by the former dose does not now require, but to produce a prolonged reaction which the first dose even in broken doses failed to do. As we have seen above, lower potencies produce a more prolonged reaction than the higher ones, it follows that a lower potency will correspond better to the present condition than the higher one, and, consequently, when repeating the dose in acute disease we had better go lower than higher. Experience has proved to my perfect satisfaction this deduction to be correct. But while I say in repeating in acute disease give a lower potency, I wish to make clear the point that it is to be presumed that an amelioration has already taken place from the previous dose, and that the disease has now come to a stand-still or is beginning to increase again; because had there been no amelioration from the previous dose it would be necessary now to give a higher potency as corresponding to the acuteness of the attack. Consequently we must not, in repeating, give a lower potency unless a marked amelioration has taken place from the previous dose.

We have seen that broken doses are only suitable for acute diseases; but, are there cases of acute disease where broken doses would not be appropriate, or where it would be better to give a single dose and await the result before repeating? We have seen that broken doses produce a very powerful primary impression upon the vital-force, and if for any reason there be any objection to producing such an effect, then it would not be advisable to give broken doses of the medicine. Should we in any case find the vital-force weakened, then so powerful an impression as broken doses would produce might so overwhelm the vital-force that a curative reaction would be impossible. Again, if the disease be one that has a definite course to run, since the medicine would not be able to arrest the already developed disease, it would be bad policy to give more than a single dose at a time. In looking over the patients and diseases that come

under our charge we notice that old people have much less vitality and power to react than young ones. In them, especially the very aged, broken doses will do more harm than good. Age has so weakened their power to react that not alone are broken doses not suitable for them, but they may, from the intensity of their action, prove injurious. For the same reason it is even dangerous in some of these cases to administer the very highest potencies even in a single dose, lest the primary impression of the medicine be of too great an intensity and a curative reaction fail to follow.

Again, there are diseases which affect so powerfully the blood and the tissues of the body, breaking them down, that in these it would likewise be bad policy to administer broken doses of the highest potencies. For example, such a disease is diphtheria. In this disease so powerfully is the system affected and so broken down does the blood become, that the reactive power of the vital-force is so weakened that it is really dangerous to repeat the dose under at least ten or twelve hours. In such cases it is far preferable to give a single dose and wait than, in the anxiety to be doing something to hasten the cure, to be actually endangering the life of the patient.

In zymotic disease and all diseases that have a definite course to run, it is never proper to give divided doses. In the first place, the object of the treatment is to diminish the intensity of the disease and thus render it harmless so that it can run its course without endangering the life of the patient. A single dose of the homœopathic remedy will do this by causing a reaction that will modify to a considerable degree the severity of the attack without preventing the disease from running its course. But could we set up such a powerful action from our medicines as would supplant and overshadow the disease, we should gain nothing so far as the good of the patient would be concerned. Either the disease would be suppressed by the medicine, which is most dangerous for the patient, or the whole case would be aggravated, to his great risk. We must always remember that, in eruptive fevers in particular, we ought not to attempt, after the disease has become fully developed, to

cure, shorten the duration of the disease, or interfere with the development of the eruption. In these cases medicines must be given in single doses at long intervals. At least twelve or twenty-four hours should elapse between doses, and, if every symptom has been modified by the remedy, it is much better to wait even a longer time than that before repeating. Nothing will ever be gained by impatience. In cases of this nature it is far better to wait and be sure, than to do harm by unnecessary interference.

And now, in closing, allow me to say that while this paper is not intended to give all there is to say upon an important subject like this, enough, it is hoped, has been said to show the principles upon which remedies are given and to assist others in prescribing and in conducting future observations.

DISCUSSION.

Dr. A. R. Morgan—What distinction does the gentleman make between divided doses and repetition?

Dr. Allan—There is a real distinction between divided doses and repetition that may be plainly seen. To put some medicine in a glass, and give a teaspoonful every half hour for a few hours until improvement is manifest, is simply a divided dose. To give a patient a bottle of medicine, and tell him to take a dose every few hours or three times a day for an indefinite length of time is repetition. I do not mean the latter at all.

Dr. A. R. Morgan—The gentleman makes a distinction on the subject of dose with which I do not agree. I regard a dose every few hours as a repetition.

Dr. Wm. Wesselhoef—This is a matter of personal experience largely. As I understand Dr. Allan, he claims that it is better to give a high potency in a broken dose in highly acute diseases, in order to make the first impression, while in chronic diseases it is better to give only the single dose to make the first impression.

Dr. A. G. Allan—In answer to Dr. Morgan, I want to say that some doctors give a single dose and await results, others give four or five doses in water or powder until some improve-

ment is manifest, and call it a broken or divided dose, this latter is a very different thing from the indiscriminate repetition practiced by many.

Dr. Kimball—Dr. Gregg, in his work on diphtheria, recommends that the second dose of a remedy in diphtheria should never be given, if you have a good effect from the first dose, without waiting twelve or twenty hours, and that more than two doses of the same remedy should not be given without waiting several days, or giving a dose of another remedy.

This does not seem to agree with Dr. Allan's advice to give broken doses in acute diseases.

Dr. A. G. Allan—I have found it is a dangerous thing to give a succession of doses in diphtheria. The patient is generally in a weakened and broken-down condition, and the aggravation which may take place from the remedy is a dangerous thing. It is better to give a single dose, and then wait from twelve to twenty-four hours before repeating, in the meantime giving the patient water or sugar to satisfy his mind.

Dr. W. L. Reed—I think it is a fatal error to repeat the dose, too soon, either in acute or chronic cases. If Homœopathy is a law, then disease can be cured by one dose of a medicine, and not by repetition. No repetition till first dose has become exhausted in the organism. Where the remedy is homœopathic to the case I have best results from only one dose.

Dr. T. S. Hoyne—I agree, in the main, with Dr. Reed, but there is one point he has overlooked. If his single dose does not show an effect in an acute disease—take croup, for instance—in half an hour, that dose should be repeated, if he is sure he has selected the right remedy, or, if not, another remedy must be given. I have never seen a case of croup in which improvement was not apparent in half an hour or less if the remedy was correct. To give such a rule as Dr. Reed has laid down without reservation is all wrong.

Last winter we had a considerable number of typhoid fever cases, and the majority of them were characterized by hemorrhage of the bowels. In most cases Phosphorus or Nitric acid was indicated, and, as a rule, one dose would arrest the hem-

orrhage at once. I had occasion to see a case in consultation with Dr. Bacon, of Englewood, in which the patient was having stools every five minutes of bright red blood, profuse as if an artery had been cut. Both Phosphorus and Nitric acid had been given when I saw the case, and injections of Hamamelis and hot compresses had also been used without effect. I found the patient almost pulseless, with slight nausea and great pallor. I gave a dose of Ipecac., and waited half an hour. Now, if I had followed Dr. Reed's rule, the patient, I am sure, would have died. But I gave a dose of *Secale-cornutum*, which controlled the hemorrhage almost immediately, and after a long illness the patient recovered. The patient had no evacuations for forty-eight hours afterward, then they were black and tarry. None of the books I consulted gave *Secale* as a remedy for typhoid, except P. P. Wells', and he does not mention hemorrhage as a symptom.

Dr. A. Campbell—Did I understand aright that Dr. Allan said we are never to undertake to abort or arrest the progress of an eruptive disease?

Dr. A. G. Allan—That is what I said. You must not expect to arrest or stop an eruptive disease after the development of the rash. If you give many doses of the remedy in such cases, you will not have as good a result as if you give a single dose and wait.

Dr. Campbell—If you cannot hope to arrest an eruptive disease, why give any medicine at all?

Dr. A. G. Allan—To modify its course and prevent it from getting worse.

Dr. Campbell—Dr. Wells was practicing during an epidemic of small-pox. He told me that in a case so covered with the eruption that the tip of the finger could not find a place on the patient's body uncovered with it, he arrested and aborted the attack with a single dose of Sulphur.

Dr. G. H. Clark—I think Dr. Campbell's point well taken. No disease has a definite course under homœopathic treatment. That is what the allopaths say; we, as homœopaths ought to know better. The gentleman will find after he has had more

experience in Homœopathy that he will have much to unlearn about the course of various affections.

Dr. A. G. Allan—A disease like pneumonia must take a definite course.

Dr. G. H. Clark—It must not and does not if the case is treated as it should be; homœopathically. To teach that there is a definite course in any disease is a fallacy. It is an inheritance from allopathy.

Dr. Wm. Wesselhœft—I do not think that pneumonia need have a definite course under homœopathic treatment, because even under allopathic treatment it does not invariably have a definite course. Sometimes resolution occurs without expectoration. We know of cases without either cough or expectoration, and then when we talk of definite stages of a disease I believe it to be all nonsense. We should have no cut-and-dried stages in diseases. It is an idea that leads a great many of our young men astray. You hear such directions as giving Aconite in the first stage, then wait for the second stage and give Byronia or Tartar-emetic, then wait for the third stage and give Sulphur. Instead of prescribing according to the symptoms of the patient, they prescribe for the stages. I had a horrible case of double pneumonia in my own family, where the patient could not be moved the eighth of an inch, where she wanted somebody to stand over her and press upon her with might and main. She got well under Arnica. She had neither cough nor expectoration.

Dr. Johnson—The question that seems to be before us is, "How long shall we wait before giving the second dose," whether we call it a broken dose, or a number of doses? We find in *The Organon* clearly taught, that all sensations, and all symptoms of disease are produced by the *vital-force*. Abnormal sensations or symptoms show that the *vital-force* is in an abnormal condition, and the only thing we can do is to right the wrong. If we give the *proper* remedy then the *vital-force* will correct the symptoms. This is the standard of the true Hahnemannian. If we give a dose of medicine, it is because we see in the symptoms of the patient a picture of the symp-

toms produced by that drug, in the proving on the healthy ; and if a change in consequence occurs it is a proof positive that the vital-force is acting. Now shall we step in and interfere with that curative action? Certainly not. The better thing to do is to wait. How long? Not two hours. Not two days. Not a week nor a month—no definite time, but wait until we see the returning symptoms, or a stop in the curing process. Then, if *indicated*, repeat the *remedy*, whether it is two hours or five months. If we see no reason for giving a remedy it is a great deal better to give nothing. Let the *vital-force* do the guessing.

Dr. T. S. Hoyne—Mr. President, Dr. Johnson misses the question entirely. How long are we to wait for a remedy to act? Suppose a case of croup. He has given a remedy and no effect is apparent. Now, how long is he going to wait on that one dose?

Dr. Johnson—Homœopathic physicians are not infallible, they do sometimes make mistakes. It is supposed they know the signs of the action of a remedy, and the signs of its failure to act. If we get no curative effect in a reasonable time from the remedy, we should choose another without delay. Why repeat a remedy that does not act, or wait too long on one that produces no effect?

Dr. J. B. G. Custis—After all we are practical men and we meet disease in a practical manner. It would be impossible for most of us to give a dose of medicine and then spend time enough to see it work. Life is too short and there are other sick people claiming our attention. The repetition of the dose certainly does not depend upon whether the disease is acute or chronic. It depends upon the patient's susceptibility to the remedy more than anything else, and that varies with different people. Hence it won't do to say that you must wait any definite time. You must be guided by circumstances. The success of a homœopathic physician depends upon his ability to forget the names of diseases. Our best cures are often made by remedies that we have never before applied to the disease in hand. Whether the disease be eruptive or organic makes no difference at all in the selection of a remedy. The broken dose that Dr.

Allan speaks of is certainly a repetition, a number of doses. The quantity has nothing to do with it.

Another thing, I do not believe we ever set up a new diseased condition ; we cure diseases, we do not make new ones. Among every doctor's patients are people of judgment, who can be trusted to make accurate observations ; who will say, " I felt better for awhile after the first dose than the other powders did not seem to help me." With such people it is safe to give a number of powders of the medicine and tell them to stop when improvement begins. But the majority of our patients are not to be trusted in that way. However, it is sometimes impossible for us to see a patient several times in a day or two. In addition to this, I have found in my experience that some people bear repetition better than others, all of which goes to show that this is a question of experience with individual patients and circumstances and no one should presume to say how others should do or make a hard-and-fast rule for all to follow.

Dr. Baylies—Dr. Allan made an important statement in his paper which may have been misapprehended. I understood him to say that in acute cases the higher potencies should be applied, in chronic cases the lower, a method quite contrary I think to that usually adopted, and implying a view of the relative efficiency of the high and low potencies in these two grades of diseases not generally accepted.

Dr. A. Campbell—This reverses the order of things in which we have been instructed for a good many years.

Dr. A. R. Morgan—The position that low potencies are better adapted to chronic complaints and the high potencies to those which are acute is so at variance with my experience that I should like to hear the subject further discussed by the members.

Dr. S. Long—By low potencies Dr. Allan means the 200th and 1000th, nothing lower.

Dr. A. R. Morgan—In chronic cases my best results have been obtained from the highest potencies, while in acute cases I am more inclined to give the 200th.

Dr. Long—This question resolves itself into this : Press the

button and we do the rest. Get your remedy and you certainly press the button, the rest follows by experience. No matter how long you discuss this question, you will still be at sea on account of the main thing being individual and not general. Before I can decide the question of repetition I want to know whether I am treating John Jones or Jane Smith. The individual and the remedy must both be considered. We all know that our remedies differ in individuality as well as our patients, and if we endeavor to so argue the matter a week we could not arrive at a definite conclusion, because it is a thing that admits of only the general law, never repeat as long as improvement continues, but not of any laws as regards details. These vary with each case.

Dr. Farley—Do the highest potencies cause a reaction that is longer-lasting as a rule, or on an average, than the lower, or is the opposite true? If we could decide that question it would go far toward deciding which cases were most apt to be benefited by the high and which by the low potencies.

Dr. Fincke—Dr. Jaeger answers that question to a certain extent. His claim is based upon experiments that prove that the reaction produced by the highest potencies is longer-lasting and more powerful.

Dr. McLaren—No more useful paper or discussion could have been brought before this Association. The questions involved are questions that must be solved, although they cannot be solved to-day perhaps. Dr. Allan will find in time that the last word has not been said upon the subject. There is no one here to-day too old or too young to learn about these unknown depths of Homœopathy and of the individuality of patients.

Dr. Tompkins—If I heard the paper read by Dr. Allan aright, he says that high potencies produce a more prompt and intense reaction than lower potencies, and are therefore more homœopathic to acute diseases than the lower potencies, while, for a converse reason, the lower potencies are better adapted to chronic diseases. I do not rise so much to dispute this statement, opposed as it seems to me to be to the teachings of Hahnemann and the general experience of our school, as to make this

an occasion for emphasizing a needful discrimination. There are things upon which I suppose this Association is substantially agreed as to their truth ; among these the persistence of curative power in the highest potencies, the superiority of the homœopathically indicated remedy over all other medication for the cure of dynamic disease, and that certainty of cure is proportioned to the exactness with which disease symptoms are matched by the symptoms of the remedy.

There are other points which even Hahnemann's great dictum has not settled for all of us, and these it behooves us to recognize as hardly capable of settlement by the experience of any single practitioner. Eminently in this list appear the questions of the appropriate potency for a given case of disease or class of diseases, and the sufficient repetition of the dose, the latter question often appearing disguised as the question of the "division of the dose." If any man's experience appears to teach something concerning either of these points he can easily put us in his debt by citing the facts ; but is he justified who without preface or explanation assumes a settlement of one of them as a point of departure for an essay or argument ? Again, if we should be blessed with the presence among us of some who have not long pursued the study of pure Homœopathy, are we not in danger of confusing such by assumptions of settlement of these questions which also fail to agree with the founder of our school ?

Dr. Johnson—I regard the paper as important. In our clinic we make about six hundred prescriptions a month, and we are trying to arrive at some conclusion in this matter.

In chronic cases we usually begin the treatment with the medium potencies about 40 M or 50 M. If it becomes necessary in the case to administer again the same medicine, we usually give it in a higher potency. We have found by experience that if the same potency of the same remedy is again given, it does not hold the patient in an improving condition so long as the first, and if given again, the time of improvement is still shorter. We seldom repeat a remedy in the same potency more than once. It

seems to become necessary to give the CM or a potency higher than the first one given. Each higher potency seems to go deeper into the life and take up the case after the lower potency has failed to produce further effect, and usually it carries the patient further toward health than the previous dose. We may have to go to the MM, or even higher, before a cure is effected. The question has been raised whether it would not be better to give the CM or higher potency in the beginning, but we have no facts that will enable us to answer that question. In acute disease we begin with the CM, and one dose is usually sufficient.

Another experience is that we have noticed a patient under treatment for chronic disease may have an acute attack, and while under the influence of the chronic remedy—Sulph., Lachesis, or Lycopodium for instance, we may give the indicated remedy for the acute attack, in a lower potency, say the 1M or 10M without apparently disturbing the action of the higher potency of the chronic remedy.

This happens occasionally only, and we would not interfere or give another remedy unless the acute disease is very severe.

Dr. A. G. Allan—It would be the height of folly if I offered this paper as settling the whole matter. I had no such intention, although some seemed to have so understood me. It is only my experience which I offer as a contribution upon this subject. I give it as a suggestion looking toward the determination of a much vexed question, nothing else—certainly not regarding it as the conclusion of the whole matter.

I maintain that the broken dose is nothing but a single dose given in division. The effect is the same as a single dose but more powerful.

By low potencies, I mean the 30th, 200th. or 1000th, but always the potentized remedy, because, if you remember, I said in my paper that it was my belief that without potentized remedies no one could practice Homœopathy.

I did not mean to touch upon the repetition of the dose at all. It is a separate subject from the broken dose. When I said

twenty-four hours must intervene between doses I meant I had never seen a case in which it was necessary to give a second dose under that time, and that it might even be dangerous to do so. I have been able to observe in some cases of iritis that the action of the dose lasted for ten hours. Now, if after I had observed improvement to have fairly set in, I had given another teaspoonful or powder of the medicine, that would have been repetition and might have interfered with the cure.

Dr. J. R. Haynes—If I gather the gist of what has been said correctly, I do not agree with it, nor does it agree with the motto which we have adopted, "*Simplex, Simile, Minimum.*" I have found by sad experience that the closer I follow that motto the better my success. I think if you select the remedy aright you will seldom have occasion to repeat the dose. You do not study *The Organon* enough; if you had you would not make such speeches as you have here to-day. There has scarcely been a day, for forty years, that I have not studied *The Organon*. Years ago, like many others, I repeated the dose, but in the use of high potencies I had to quit it, and I think one of the great mistakes of the profession to-day is this matter of repetition. Get the right drug and you will not have occasion to repeat it. It will carry your case either to health or to where you will find another remedy indicated. This is my experience, and I have learned it by hard knocks.

Dr. A. G. Allan—In the epidemic of influenza which raged last winter I noticed many times that if I gave a dose of medicine, divided or broken, that the patient suffered less and got well quicker than when I gave a single dose undivided. If I gave the single dose I would probably be sent for again, but not so when I left the dose divided. We cannot be nurses as well as physicians; we cannot be at the patient's side all the time, so that the effect or action of the single undivided dose may be used up before we can get back, and the patient be worse again. So you will save yourself trouble and the patient needless suffering by leaving a divided dose to be taken for an hour or two until improvement is manifest.

Adjourned to ten A. M.

Second Day—Morning Session.

WEDNESDAY, June 22d, 10 A. M.

The following resolution was presented by Dr. W. P. Westhoeft, and was adopted :

Be it resolved, That the sentiment and belief of this Association is that Dr. J. A. Biegler, as Chairman of the Board of Censors, has been untiring in his efforts for the best interests of the Association, and that the motion of Dr. George H. Clark, and seconded by many voices, was in no way intended to cast reflection upon him or upon his ability as the honored and respected Chairman of our Board of Censors, but solely to prevent a discussion of charges which were known in all their relations to every member of the Association, and upon which they had positive opinions, and which had found their way into the public press of the country.

The Auditing Committee reported that the accounts of the Secretary and Treasurer were correct and properly vouched for.

Report accepted and adopted.

IS SIMILIA A UNIVERSAL LAW?

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

There are between twelve thousand and fourteen thousand physicians in this country who claim to be homœopathists, and if a vote were to be taken upon the subject to-day as to whether it was a universal law and should be strictly adhered to in all medical cases, at least sixty per cent. would vote against it that there was no such a universal law, and that Homœopathy was only a system of medicine, and not the only true system of cure; that *Similia similibus curantur* should be written *Similia similibus curenter* (Hughes and numerous others), and that *Similia* would answer in some cases; but in others we claim the right to the armamentarium of all the schools of practice; and the physician who would not do so should not be allowed to practice, and be put down as a bigoted Hahnemanniac (the last pro-

nounced with a slur). Now why is this the case? If you should speak to them about *The Organon*, many of them would not know what you meant; they would very likely ask is it some new medicine, or is it something good to eat, and who has gotten it up, or what is it made of, I have never heard of it before. Were you to tell them that it was Hahnemann's promulgation of the law of Homœopathy, and that no one could practice Homœopathy until he had made himself familiar with the law (the teachings of *The Organon*), and that it can be obtained nowhere else but from *The Organon*, they will laugh in your face and tell you that you are one of those new-fangled Hahnemanniacs, and that they have no use for it, that Hahnemann was an old foggy, that he may have done well enough in his day, but we are progressionists and have long since outgrown him, that we have learned a great many things that Hahnemann never knew or never thought of. No, I do not think that I want it.

Should this appear strange when *The Organon* has not been taught in any of the colleges, that it has been left out of their curriculum? Could anything else be expected when many of the professors of these misnamed colleges have never perused a page of *The Organon* in their lives? Then how could they teach it (the law) to their students; is there not something wrong here? Shall we allow it to continue?

In 1846, William Radde, of New York, published a small edition of *The Organon* which was translated by what we may call a syndicate to which C. Hering's name was attached as a sanction. This edition has long since been out of print. For the past thirty years any physician who may be so fortunate as to be the owner of a copy of it has, in most cases, kept it under lock and key, and refused to let any one take it from his office. I have known ten dollars offered for a copy and refused. Could it be expected that students attending the different colleges should supply themselves with such a rare work? And but few of them could afford it if it could be had at that price.

Is it strange, under these circumstances, that such a work is so little known? Have the I. H. A. members done their duty to

them? Or should we be surprised at the number of homœopaths who are only such in name? Is there not a good excuse for them? Can we expect them to practice and believe a law that they have never heard, and which was to them a sealed book and which was entirely out of their reach?

In 1887 a new edition of *The Organon* was published by the publishing house of Bœericke, of Philadelphia, translated by C. Wesselhœft, which, as far as I can learn, has been a failure (*i. e.*, as to its sale, which has been very small), and for one I cannot say that I feel very sorry for its failure, for if it is a correct translation, then all of the other translations that I have seen are certainly incorrect.

Believing that the failure rests with the former, I do not feel like recommending that translation, and consequently there is no available edition of *The Organon* upon the market.

For the past year I have been trying to procure a sufficient number of subscribers to justify the publication of the translation made by Dr. Fincke of *The Organon*. I have sent out some four thousand circulars to the different homœopathic physicians, and so far I have about four hundred copies subscribed for. My reasons for so doing are that I believe Dr. Fincke's translation to be the one that is the nearest correct of any that have been made, and that I can recommend it to my friends, as well as to our young minor students who must in the order of nature come forward to fill our places in the profession and carry on the great work that was begun by Samuel Hahnemann. Shall it be done, or shall we let it prove a failure? Every one of you well know that *The Organon* is the life's blood of true Homœopathy, and without it Homœopathy must in the end prove a sad failure.

Hahnemann, in his *Organon*, says that there is a law of similia and that it is universal: *Organon*, §§ 26, 27, 28, 47, 48, 54, 70, 73, and numerous sections.

Shall we take Hahnemann's word for it, or shall we investigate the subject for ourselves? Shall we take his word for it, or shall we convert a belief into an actual knowledge by thoroughly investigating for ourselves? It has long passed a belief

and become an actual knowledge. I have proved the efficacy of the law (*i. e.*, that there is such a law) hundreds of times, until it has long passed a belief and become an actual knowledge. I will venture the assertion that there is not one of the members of this I. H. A. who has not done the same and proved beyond a doubt that there is a law of similia and that it is universal.

You have administered the simillimum in acute cases and had your patients tell you in less than five minutes that they were better, and if the simillimum was not interfered with a rapid cure has followed.

Is not this enough to satisfy the most skeptical of the positive existence of the law and that it is immutable?

“Ye have Moses and the prophets, and if ye will not believe them, then ye would not though one rose from the dead.”

DISCUSSION.

Dr. S. Long—Dr. Haynes is undoubtedly doing a good work in publishing Dr. Fincke's translation of *The Organon*, and I am glad that he has succeeded in getting a good many subscriptions at this meeting, most of the members taking from five to twenty copies. I think it is our duty to see him through.

Dr. Haynes—If every member of the profession were to obtain a copy of *The Organon* and use it as a Catholic does his prayer-book, reading it daily and studying it, he would make a far better doctor than he ever was before.

SOME SYMPTOMS OF SYCOSIS.

GEO. H. CLARK, M. D., GERMANTOWN, PHILADELPHIA.

(Bureau of Clinical Medicine, I. H. A.)

To know what can be known of the peculiar manifestations of the various bodily constitutions, made more plain by Hahnemann's genius after years of keen observation in that he pointed out the origin of all diseases, will enable one to treat any given case of disease more intelligently.

There are many practitioners of Homœopathy who, while

successful in curing patients, have no idea of the underlying principles by which cure is effected.

There is but little that can be known regarding the action of remedies. We can only know that adherence to the homœopathic law will bring success in every curable case, and relief, greater than afforded by any other practice, to the incurable.

Not only more knowingly but more easily can we arrive at the correct remedy if we give more attention to the generic disease-form as elaborated by Hahnemann in his so admirably worked-out psora, sycosis, and syphilis.

Of the truth contained in Hahnemann's observations we can easily convince ourselves and others if we take but psora, and give heed to his teachings by observations which each one can make for himself.

In another place I have called attention to the observations of Dr. Reuter, of Nuremberg, in respect to psora. "He found," says Granvogl, "stages, so to speak, like those which mark acute diseases, in the various forms of the reciprocal action of this poison with the organism."

This is the succession of stages in diseases arising from psora, provided that up to the last stage no medical aid had been sought :

"1, Gastroses ; 2, catarrhs ; 3, hemorrhoids ; 4, sweat of the feet ; 5, hoarseness ; 6, headache and toothache ; 7, diseases of the eyes ; 8, diseases of the ears ; 9, prurigo of the trunk, furunculosis ; 10, swelling of the cervical glands ; 11, rheumatismus ; 12, swelling of the axillary glands.

"His experience indicated to him an aggravation of the general constitutional status, if after a disease from among those named under these numbers had passed by another of a higher number makes its appearance."

Here is an example of what may be learned by close observation. With this before us it will require but slight observation on our part to add the various affections due to the sycotic poison.

Although psora, or rather its improper treatment, can present so long a list of formidable affections, sycosis does not lag far

behind with a schedule of ailments that can properly be pronounced by him who has met and recognized them as even more powerful for causing suffering.

Beginning with the sycotic form of gonorrhœa, upon which so many, particularly old-school physicians, and through them their much-to-be-pitied victims, look as a mere trifle, improperly treated by injections, and thereby suppressed, it may remain latent in the system for many years.

If it ended here we should be under no obligations to give the subject much thought. But when we know how it is transmitted, and of the sufferings entailed upon the innocent, even unto the third and fourth generations, it is incumbent upon us as conscientious physicians, followers of Hahnemann, and as honest men, to raise our voices against a practice that is responsible for so much distress, both mental and physical.

There are no more constant symptoms of sycosis than those of the mind. Indeed, the anguish caused by this poison makes it

* * * * "A monster of so frightful mien
As to be hated needs but to be seen."

For a number of years I have been able to recognize the presence of this poison by the unusual anxiety which is always present. In more advanced cases anxiety gives place to anguish. Anxiety is disquietude, care, solicitude, uneasiness, concern. Anguish is pain, pang, distress, suffering, woe, torture, torment, agony, grief, sorrow, discomfort.

Compare these synonyms with the mental symptoms of remedies in whose pathogeneses they are found and you may put down those remedies as anti-sycotics.

The physical symptoms characteristic of this miasm are of such a character that they usually aggravate the mental state in both man and woman.

Both may to all appearance be in excellent health, so far as external signs may be noted.

But meet with some known, unmistakable symptom of sycosis, and then ask the patient—or you can confidently tell him, if

you please—about the mental state. You will find anguish a constant symptom.

You will also find inability for consecutive thought ; fear of misspelling simple words, fear of being able to write even a short note that can be understood ; great irritability, particularly in men ; fear of associating with strangers, and of going into a crowd ; avoidance of any one outside the immediate family, and even repugnance to his own children.

If any acute affection appear, it will be dominated by the peculiar mental state, no matter how slight the ailment.

In short, the intellectually brilliant are mere mental wrecks.

The most characteristic physical sign of sycosis is great muscular debility. Although a man may have the best muscular development, he is incapable of the least exertion without fatigue, this more particularly after his chronic ailments have been treated allopathically. Even a short walk tires him so much that he is glad to rest. This, reacting on the mind, through realizing what he now is, in comparison to what he was before the affection was manifest, aggravates the mental state.

And so it will go on month after month, year after year, until he seeks aid of the Hahnemannian.

And what a picture he now presents !

It will require more patience, more study, and a greater expenditure of energy on the part of the conscientious physician than any condition he attempts to treat—particularly when complicated with psora.

Of physical pain the man may suffer but little. It is the woman who has added to the mental state bodily pain. In woman the most marked of the chronic symptoms of sycosis will be found in the ovario-uterine sphere, and reflexly upon the brain and spinal cord. Dysmenorrhœa of the most severe character is prominent. It is marked in this : the pain of dysmenorrhœa of any ordinary nature usually precedes the flow, and disappears as the flow comes on. In sycotic dysmenorrhœa the pain is agonizing, and may continue to the end of the flow, and there is pain before and after the flow. Before, during, and after the menstrual period the debility is so marked, so out of proportion

to other symptoms, that one will, until he understands he is dealing with sycosis, be at a loss to account for it. Sycosis makes all plain.

During the period all the constant symptoms of the patient are more manifest and aggravated. During the menses there may be spasms of various muscles, particularly those of the neck, and those which move the head backward, and of the back. I have seen opisthotonus in several cases. Twitching in various parts; jerking of the head from side to side and backward are symptoms going to show the effect of this poison on the nervous system. And to make the condition worse is the ever-present anguish.

With the debility between the menstrual periods there is numbness all over the body, particularly of the upper and lower extremities; there is constant headache of varying kinds; pain, heat, and pulsation along the spine, and great tenderness of abdomen.

Sleeplessness is a distressing symptom, and from this the general condition is, of course, aggravated from want of proper rest. I am convinced that the majority of cases of so-called neurasthenia are of sycotic origin.

The symptoms I have given as found in women are those of inherited sycosis, which is even worse than the original condition, and it is incumbent upon us as followers of Hahnemann, with his example before us, to continue to observe the various manifestations of this miasm, to the end that we may be able to treat our patients more intelligently.

I close with this hint: I am convinced that sycosis is the gonorrhœal poison plus psora.

SYCOSIS, which cannot be subdued by the vital powers alone, has never been regarded as a distinct species of chronic disease depending on an internal miasm; and it was supposed to be cured when the excrescences on the skin were destroyed, while no attention was paid to the source, which still continued to exist.—*The Organon*, § 79.

THOUGHTS ON THE PSORIC MIASM.

I. DEVER, M. D., CLINTON, N. Y.

It would be impossible to give more than a passing notice of psora in the necessary limits of this paper, though we hope to present a few facts in relation to this the greatest of chronic miasms.

The discovery of psora as a cause of chronic disease is peculiarly the property of Homœopathy, for so far as we have been able to learn no medical writer anterior to the writings of Hahnemann had hinted at psora as a deep-seated chronic miasm, much less demonstrated the truth of the theory by actual practice.

This psoric theory, as many are pleased to call it, was not a child of the imagination, as they would have us believe, but it was the result of twelve years' painstaking labor and investigation, during which time Hahnemann had put his theory to the severest practical test, and as a result it had borne ripe fruit in the way of cures, long before he announced it as a truth, the understanding and application of which is the only principle that has ever guided the physician to the curative remedy in chronic disease.

When we turn our attention to the life work of Hahnemann we can but regard him as the greatest of medical philosophers, and yet we can have but the slightest glimpse at the enormous amount of thought which he must have expended in clearing away the *débris* of effete and exploded medical systems to give place to his theory of the psoric miasm, which theory he erected on the broad and eternal foundation of truth where it will stand as a monument to his genius as a guide to the treatment of chronic diseases during the lapse of the ages.

Strange as it may appear, all who claim to be homœopathic physicians do not indorse those potent facts so plainly taught in the 79th, 80th, and 81st sections of *The Organon*.

They by their opinions, oppositions, and strange imaginations attempt to substitute a better plan, hence we do not find them

treating the cause of disease, but its effect, which leads them into all kinds of by and forbidden paths, until they are hopelessly lost to the art of healing.

Overwhelmed by the mists of polypharmacy, or, what is the same thing, medicines in alternation, they satisfy their conscience by treating an external manifestation of an internal psora by local remedies, ignorantly subjecting their poor confiding patient to some one of the results which are named in section 80 of *The Organon*.

Dr. O. W. Holmes in his Essay on Homœopathy and other kindred "delusions" dismisses the subject of psora in these words: "It entered into my original plan to treat of the doctrine of psora or itch—an almost insane conception which I am glad to get rid of, for this is a subject one does not care to handle without gloves." Such disposition of a profound and important subject is hardly worthy the reputation of so learned a man. But it is a happy illustration of the words of the greatest of teachers, "They have ears but they hear not," "They have eyes but they see not."

He who would touch the sympathetic chord and cause it to vibrate in perfect harmony must do it with an ungloved hand; and those who would comprehend the doctrine of psora as taught by Hahnemann and his followers must approach the subject with a clear head and an honest heart.

Ever since the morning on which Adam learned the external application of fig leaves, it has been appointed unto man to eat his bread by the sweat of his brow. On the other hand, it is no compliment to our knowledge of a profound subject to dismiss it without an investigation as to whether it is true or false, and these conclusions cannot be definitely settled in the minds of those who have not arrived at mature judgment through the "sweat of the brain."

I do not think there are many who would have anything like a correct idea of psora by reading sections 79, 80, and 81 the first time. But what physician who has given those sections of *The Organon* careful and patient thought, standing in the light of experience, will say that the doctrine of psora as taught in the

above-named sections is a delusion and has no foundation in fact? The opponents of Homœopathy and even some who are favorably inclined to the law of cure, insist that psora and the itch are synonymous, but, unless I am mistaken, *The Organon* does not so teach; but it does teach that psora is the result of scabies or itch, which left uncured may be and often is transmitted from generation to generation and in this way becomes more potent from having passed through the systems of so many different individuals. This is a fact in harmony with the law of potentization, and while observation teaches that scabies in its primary stage is not a difficult disease to cure, psora in its different forms may severely tax the skill of the physician, and when complicated with either of the other chronic miasms (syphilis or sycosis) it may defeat his best efforts. See section 206 *Organon*, which teaches the possibility of a complication of the above-named miasms.

But it is the secondary symptoms of psora with which we as homœopathic physicians have to deal—some deep-seated dyscrasia—handed down from our ancestors from generation to generation in its numerous forms with its multitude of symptoms, presenting every phase of acute and chronic difficulty known to the catalogue of diseases. From a good experience in the treatment of both acute and chronic diseases, I am more than satisfied that if it were possible to eradicate the psoric miasm from the human family that sickness would be reduced to the minimum, and barring accident, man would live to a painless, happy old age and fall quietly to sleep in death.

The fact that psora is a potent factor in all diseases, both acute and chronic, has not escaped the observation of a large number of physicians who have had an experience in the treatment of the so-called zymotic diseases as small-pox, scarlet fever, and measles, from which object lesson they have learned that the malady will be mild or severe in ratio to the individual psoric condition of the patient.

In conclusion, it may not be amiss to say that though this scientific discovery cost Hahnemann years of patient investigation and thought, he so thoroughly simplified and demonstrated

it as the only principle which accounts for a large majority of human ills that a failure on the part of the physician to investigate the doctrine of psora in all of its details cannot be regarded as a neglect of duty only, but in the light of the success which has ever attended its true and faithful adherents, such neglect becomes a crime.

Section 80 of *The Organon* is replete with practical suggestions which shine out bright as a beacon light to guide the homœopathic craft clear of the rocks and shoals of empiricism.

DISCUSSION.

Dr. Tompkins—I had always supposed that the *suppression* of scabies was what induced the psoric diathesis. I do not recall Hahnemann's teaching in regard to whether psora may result from a spontaneous disappearance of that disease.

Dr. A. G. Allan—I understand that the disastrous consequences of psora are due to the suppression of a local disease by local treatment, driving the disease from its superficial local seat to more important internal structures.

The treatment of the allopaths drives the disease from one organ to another, until finally it reaches the internal and vital parts of the body, when the patient becomes a total wreck. We can cure the itch with internal homœopathic medicines and never see the dangerous results which follow the use of Sulphur ointment.

Dr. J. H. Allen—The itch is not a local or superficial disease, but a deep, internal disorder, and the eruption is the expression of it.

Dr. A. G. Allan—No eruption ever occurs in a disease unless the organism has been brought under the influence of a miasm. Then the eruption appears. Chancre never occurs until the system has been brought under the influence of the poison, and the reason we get bad results when we suppress chancres and psoric manifestations is because we prevent the miasm from expressing itself in its simple form upon the skin.

Dr. A. R. Morgan—I entirely dissent from the idea that Hahnemann attributed psora to the acarus parasite. The term

psora was at that day applied to nearly all cutaneous eruptions. I think that the itch insect was known to Hahnemann. The psora of Hahnemann is not the itch, but the itch was the result of implanting a peculiar virus upon an organism tainted by psora.

Dr. Davis—I had a case of suppressed itch, in which an acarus was found in the urine. The itch had been suppressed fifteen or twenty years before.

Dr. C. E. Hastings—This urine I examined. I attributed the presence of the acarus to accidental causes. The urine was perfectly normal. I asked the doctor if his patient was troubled with scabies, and was told that years before he had had it and it was suppressed.

Dr. Kennedy—How many physicians present have treated scabies homœopathically and succeeded in holding their patients until cured?

Several Voices—I have.

Dr. Fincke—I differ from Dr. Morgan's statement. When Hahnemann taught the psora doctrine, he knew nothing of the insect. Itch was known simply as an itching, vesicular eruption on the skin, and it was long after that time that the acarus was discovered. The itch does not exactly depend upon the acarus, but upon the internal miasm which gives the acarus a soil to live upon. This is shown by the experiments of certain students, who infected themselves with the acarus itch. Not all of them got the acarus, but all of them got the itch.

Dr. Sawyer—There is plenty of itch in Indiana; we have all had it down there; some of us several times. I have had thousands of cases of it to treat, and I hold them until they are cured with straight Homœopathy and high potencies. I find the acarus in some cases but not in all.

Dr. A. R. Morgan—I have been in the habit of applying lard to kill the parasite, at the same time giving the appropriate remedy.

Dr. Tompkins—I have never cured the itch with high potencies, but I have cured a number of cases with the tincture of Sulphur used two or three times a day for a considerable time, using no external application at all.

Dr. Sawyer—I would suggest that perhaps the doctor's cases of itch were suppressed, and not cured.

Dr. Reed—In cases of scabies we have an insect, the *acarus*, which can easily be seen traveling over the skin. Now, what are you going to do with that little animal? Can you kill him with the *simillimum*?

Voices—Yes, yes!

Dr. A. G. Allan—In New Jersey there are mosquitoes of large and robust build, of a ferocious nature, and insatiable appetite. Now, the homœopaths there give high potencies of mosquito (*culex*) to prevent the people from being bitten by the animals. If that can be done with mosquitoes, why not the same with the *acarus*?

Dr. McLaren—In regard to the *acarus*, it only differs in degree from lice, which collect and find a suitable ground or soil in an eczematous skin, and which have been cured by *Psorinum* without any external application whatever. I should like to suggest to Dr. Morgan that it is an open question whether the lard kills the *acarus*, or whether it simply dies from the action of the *simillimum*. The curse pronounced in Eden, "in the sweat of thy face shalt thou eat bread," finds a remarkable fulfillment in the various manifestations of psora which are often greatly relieved by perspiration—a strong indication for *Psorinum*.

Dr. Reed—What are you going to do with the proposition of Hahnemann, when he says, take a little of the oil of Lavender and touch that insect and it will kill it every time?

Dr. Fincke—This about the oil of Lavender must come from some of Hahnemann's earlier writings. It is impossible that he recommended it to kill the *acarus*, for the *acarus* was not discovered until after his time. Let me call to your mind that by means of our high potencies we are able to kill and expel much larger animals than the itch insect. Do we not expel tape-worms and other large worms? Dr. Baylies reported a case of tape-worm expelled by a dose of *Lycopodium*^M (F.).

Dr. Long—I have never had a case of itch to treat that I know of, but I have had two cases of maggots in superficial ulcers cured by the remedy, which was Arsenic, within three days.

Dr. I. Dever—I believe that the insect is not the cause of scabies, but the result; just as I believe that bacteria are the result and not the cause of disease. Hahnemann teaches that psora is a transmissible disease, and that it becomes more potent as it passes through many people and generations.

A PROVING OF OIL OF WINTERGREEN.

S. S. SIMMONS, SUSQUEHANNA, PA.

Was called to see Mrs. W. at eleven p. m., and as I entered the house the husband said he had an Indian woman in the bed there, pointing to the bedroom. I went in and there found the reddest white woman I ever saw, and there she lay with her teeth chattering as though she had an ague chill, but said she was not cold but on the contrary burning up. Said I, "What have you been doing?" She replied, "A little past ten this evening I had a little stomach-ache and thought I would take two or three drops of wintergreen oil, but in dropping it in a spoon some ran out of the vial. I don't know how many drops, but I took it all, and in half an hour I was just as you now find me." Very red all over body with a fine rash; burning and stinging all over her, so she cannot lie still; teeth chattering and shaking so she could hardly talk; face swollen or puffed up with large sacks under the eyes. No pain, only the burning and stinging, and as red as a piece of red flannel. I could see the indications for but one remedy, and I gave it immediately. I gave Apis^M one dose dry on tongue, and in about five minutes she stopped shaking, her teeth stopped chattering, and she said she felt so queer as if she was going off, and in a few minutes she rolled on to her right side and seemed unconscious for about two minutes, then looked up and said she felt better. The burning and stinging was all gone, but she still felt a prickling of skin, which soon passed off. She then said she felt all right again. I left another powder of Apis, with instructions not to take it as long as she continued to feel better. The next morning she was able to get breakfast and eat it, too. She said she had learned a good lesson and should take no more remedies

unless I prescribed them. So much for following the teachings of true Homœopathy.

LACHESIS AND SEPIA CASES.

P. C. SANDERSON, M. D., PHILADELPHIA, PA.

LACHESIS^{4C}.—I received a call by messenger boy to come at once to a prominent hotel. On arriving there, I found a young woman suffering with the following symptoms: Left side of face badly swollen, nearly closing the eye; purplish look. Also upon the left superior maxillary a large gum-boil; choky feeling in her throat. She feared it would close up and she would die. An old-school physician had seen the case and said to call a dentist and have a recently-filled tooth removed. But she said "No," and sent for me. I gave one dose Lachesis^{4C}. She received relief in a few minutes. The boil broke the next morning, the tooth was saved, and she is thankful. So am I—for the patients she sends me.

SEPIA^{6X}.—A working woman from hotel called at my office for the treatment of the following: Two large wine-colored spots on each cheek. No inflammation, but looked very bad. Was under old-school treatment with salves, etc. I learnt some few years ago while reading THE HOMŒOPATHIC PHYSICIAN that Sepia would cure such spots. So I gave it, and a cure was the result in about ten days.

BOOK NOTICES.

THE SIDES OF THE BODY AND KINDRED REMEDIES, by Dr. C. von Bönninghausen. Translated for THE HOMŒOPATHIC PHYSICIAN and issued as a supplement to Volume XII, 1892, by Dr. J. D. Tyrrell, Toronto, Canada. Philadelphia: THE HOMŒOPATHIC PHYSICIAN, 1125 Spruce Street, 1892. Twenty-seven pages, paper cover. Price, fifty cents.

Bönninghausen's *Sides of the Body* is one of the most celebrated, as it is one of the most valuable of his works. It has been long out of print and has been therefore inaccessible to students of Homœopathy. Through the enterprise and industry of Dr. Tyrrell it is now reproduced with certain additions which will much enhance its value. These additions are readily discernible

by being inclosed in brackets. Every earnest homœopathic physician should have it to assist him in the selection of the remedy. Like all works written by Bœnninghausen, it is to be used only as an aid in the study of the remedy, and is in no sense a substitute for the study of the *materia medica*.

W. M. J.

THE ELECTRICAL REVIEW has decided to add a department devoted to the application of electricity to medical treatment. The first instalment appeared September 10th, and will continue weekly. The price of *The Review* is \$3.00 per year in advance. Sample copies sent on application. Address *The Electrical Review*, 13 Park Row, New York.

NOTES AND NOTICES.

IN CONVALESCENCE.—The lack of suitable foods for convalescents from severe illness, and in the treatment of typhoid and other low fevers is often felt by the practical physician. Milk while of very great use, often cannot be taken, and often causes trouble on account of the indigestibility of the casein. The various beef extracts are more stimulating than nourishing, and the majority of the prepared foods offered are either unpleasant to the taste or difficult of digestion, and unsuited to the needs of the case.

In such cases Malted Milk will form a very welcome addition to the dietary of the sick-room. The basis of this food is pure, fresh, sterilized milk, in which the casein is rendered digestible by the action of the plant pepsin produced by a special method of malting the cereals originated by the manufacturers. It is pleasant to the taste, simply prepared by dissolving in water, no cooking required, and will be retained and assimilated in many cases when all other foods fail.

MALTED MILK.—In all cases of cholera infantum and summer complaints of children physicians will find a most valuable aid in Horlick's Malted Milk. This infant food is meeting with a very deserved success, being in general use all over the country by physicians and in most of the large asylums and hospitals for children, and giving uniform good results. It is frequently retained and assimilated in difficult cases where all other forms of nourishment are rejected. It contains no starch and will not coagulate in the stomach like raw milk. Try it in your next case of infantile trouble and mark results. All druggists keep it.

DR. H. S. PHILLIPS has removed to No. 73 Congress Street, Pittsburgh, Pa.

DR. MARY FLORENCE TAFT has removed from Waterbury, Conn., to 271 Oakwood Boulevard, Chicago.

A GOOD OPENING FOR A PHYSICIAN—young, unmarried, and a homœopathist, in Texas. The field was occupied by a young man until last spring, when he was compelled to leave on account of his health. The people are very anxious for a homœopathist to come among them. For particulars address Drs. Thatcher & Thatcher, Dallas, Texas.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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EDITORIAL.

TRUTH AND ERROR IN VACCINATION is the title of the first article in this month's issue of THE HOMŒOPATHIC PHYSICIAN. This article by Dr. Stuart Close was read before the International Hahnemannian Association, and, as can be seen, is a most reasonable and interesting review of the subject.

The point made by the learned writer is given in his article in italics, and may be here repeated: *Vaccination owes any degree of efficiency it may possess, either as a prophylactic, or as a therapeutic measure, to its homœopathicity to the case in which it is employed, and the extent of the protection afforded, or of modification secured, is proportioned to its degree of similarity.*

Here is the key to the whole controversy. It is this solution of the question which, though so obvious, is neglected by many in the homœopathic school, and totally unknown to the practitioners in the other school.

Any substance in the world that is capable of making any impression upon the human system is likely to be the simillimum for some sick condition of some human being. It then becomes a lottery as to whether that particular simillimum shall reach that particular diseased individual to whose case it is adapted. Sometimes by chance the meeting does take place and the individual is cured. Oftener it does not take place because

mankind in general have no knowledge whatever of the law of the similars, and therefore have no provings to guide them.

A quack medicine made up in vast quantities and sold to people all over the world, must somewhere, at some time, meet the case for which it is the similar and produce a cure. This cure, heralded by the vender of the medicine, causes an increased demand for his nostrum and so other cases here and there are benefited while the vast majority have no relief because it was not the simillimum to their cases.

Vaccine virus introduced into the circulation of people promiscuously must prove the simillimum here and there, and consequently bring about protection in these cases. Thereupon the practice of vaccinating everybody in the world is attempted upon the evidence afforded by the few successful cases.

The same remarks apply to Koch's tuberculous lymph.

Consequently, we need not be surprised when we hear of cures being performed by various kinds of proprietary medicines, by herbs, "old women's remedies," inoculations with all manner of lymphs, nosodes, and other agents. Neither should we be puzzled by the success of apparently opposite and contradictory methods of treatment in pathological cases that are similar or apparently identical.

The failures with all modes of treatment in certain cases where previous experience would teach us to expect success, are not to be wondered at, either. He who understands the law of the similars and the proving of drugs has the key to unlock the chamber of difficulty, and to reconcile the contradictions.

A general acceptance of the truth of the law of similars would sweep away much dispute, and afford a guide through the labyrinth of phenomena which, as now accumulated, causes only confusion.

Drugs which to-day are loudly praised and universally used, and to-morrow are cast aside and forgotten, would then take a permanent place in the materia medica, their sphere of usefulness sharply defined.

The homœopathic principle, when properly developed, will enable the practitioner to predict the sphere of usefulness of any

drug. Indeed, Hahnemann actually did make such predictions successfully, and when it becomes a universal experience, medicine will enter the domain of the exact sciences, a position which its votaries at present despair of its ever attaining.

NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

Dr. Fellger described a case of gonorrhœa in which the patient suffered most excruciating pain day and night. His eyes were sunken, he had had no sleep for three days. Pain along the urethra into the bladder, with constant desire to urinate demanded Cantharis. This remedy was given in the 200th, and in a few hours he was able to sleep and all pain disappeared. At another meeting Dr. Lippe read a paper entitled: "Our Materia Medica, how to Preserve and Augment it." The subject of the paper was opposition to the views of those who wish to belittle the materia medica.

Dr. Fellger said: Before we begin to condense the materia medica we should condense pathology. It is perfectly nonsensical to speak of condensing symptoms; they cannot be condensed, and yet our materia medica consists only of symptoms. The difficulty is, we often find symptoms in patients that cannot be found in provings. Many valuable symptoms have been lost because they were thought to be of no value. Every symptom is of importance.

Dr. Carleton Smith: The very ones who are howling for condensation are always howling for new remedies. They do not know the old remedies sufficiently well to use them properly.

Dr. Fellger: An old-school physician once said, "For all the diseases we cannot cure we have the greatest number of remedies. This proves we cannot cure them; therefore we are always looking for others."

INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

TRUTH AND ERROR IN VACCINATION.

STUART CLOSE, M. D., BROOKLYN, N. Y.

No one can read the history of vaccination without being deeply moved.

We are interested, at first, in the life and character of Jenner, its discoverer.

His originality, his energy, enthusiasm, perseverance, and courage, displayed during a long period of misunderstanding, ridicule and opposition, command our admiration, and characterize him as a man who must be accorded a high place among the physicians of his time.

His followers, in promulgating the new doctrine, have not fallen short of the standard thus set for them, and in the face of tremendous opposition have displayed qualities which have won for them a large measure of success.

Their zeal in gathering statistics and facts, and the ingenuity with which these are marshaled in support of their position are quite praiseworthy.

The constant, unrelenting pursuit of their object, the very audacity of which claims our admiration, all combine to make the study of this question a most fascinating one. Their object was, at first, to legalize compulsory vaccination, and when that was accomplished, to make it universal.

The ambition and dream of the vaccinationist, like Alexander, was "Universal Dominion."

But as we come to a study of vaccination itself, different feelings arise.

As we learn its origin, with all the repulsive details of the source of the virus, the method of its propagation and preparation, and realize that this vile product of an animal disease is

introduced by inoculation directly into the human system, we are filled with disgust.

When, in the further pursuit of our study, we learn the effects of this operation ; that in many cases it is fatal, in other cases working serious and irreparable harm, and probably in all cases doing some harm (the amount depending upon the strength and resisting power of the subject), horror and astonishment take possession of us. We wonder at the extent to which such an operation, with such results, has gained acceptance and is practiced.

We are not surprised that it has excited opposition, and that men have rebelled against it, not only as a dangerous and repulsive operation, but, when it has been made compulsory, as an outrageous invasion of man's most sacred personal rights.

It is a curious fact that vaccination stands as an almost solitary example of legislative interference with a man's right to maintain the integrity of his own body.

We are reminded of the ancient Jewish circumcision as an example similar in some respects. Circumcision, however, had a religious significance, and as it not only was done by direct command of Jehovah, but had hygienic considerations in its favor, and entailed no possibility of disease or injury, it could be submitted to with good grace.

Circumcision was not compulsory in the same sense that vaccination is. There were penalties attached to non-compliance, but they were of a negative character only. The man who would not submit was not compelled to pay a fine, was not thrown into prison, nor deprived of his personal liberty in any way. He was simply debarred from being one of the "chosen people."

The records of the cases of some who have refused to submit to vaccination are not pleasant reading. Individuals have resisted, and have been arrested, brutally treated, fined, and thrown into prison.

Men have banded together to sustain each other in their defense of themselves and their families against the attack of the public vaccinator.

They have even exiled themselves from their native land in

hopes of escaping the hated operation, only to be met at the gates of the new land by the official vaccinator, who compelled them to submit or be returned whence they came.

Great societies have been formed to fight the enemy in Parliament and in legislative halls, and they are still fighting. The London Society for the Abolition of Compulsory Vaccination is a large and powerful body, numbering in its ranks some of the greatest minds in England or of the age, and commanding the influence and sympathy of such men as Herbert Spencer, T. H. Huxley, and, in his lifetime, our own Hering.

The stupendous blunder out of which vaccination developed would have been ludicrous, if it had not been fraught with such terrible consequences. The brilliant Lady Mary Wortley Montagu, while traveling in the Orient, in 1721, learned that the Turks combatted small-pox by subcutaneous inoculation with the small-pox virus. She investigated the subject, became an enthusiastic convert, and, in her patriotic zeal, determined to introduce the custom into England. This was done, and the new operation soon became popular. It did not occur to the noble lady or her followers, however, that they were really introducing small-pox, for although most of the inoculated cases ran a mild course to a favorable termination, every one, of course, became a point of contagion, the same as an ordinary case of small-pox. The disease was thus spread rapidly, until it became a serious question as to how its ravages were to be stopped.

In 1798, Jenner invented vaccination, and introduced it as a substitute for inoculation.

From that day to this it has been the subject of endless controversy and strife. It has had its ardent supporters and strenuous opponents, each usually going to extremes in their positions and claims. As is usually the case, neither will admit any point of the others' contention.

I shall attempt to show that there is truth on both sides, and seek for some point at which these conflicting statements and positions may be harmonized.

Emerson exhorts us in one of his poems to "take the wheat and leave the chaff."

The philosopher and seeker after truth must often take this position of a winnower of chaff.

Diligent sifting will bring to light many good grains of wheat in every measure of chaff. The wildest and most absurd theory may contain one or more elements of truth, and be therefore worthy of the wise man's consideration. He will take the wheat and leave the chaff. He will listen patiently and humbly to what a smaller man would impatiently dismiss with a contemptuous sneer, and he will be rewarded. He will avoid a contentious or partisan attitude, and will not, therefore, always be found in sects, or subscribing to sharply-drawn creeds.

He will see "sermons in stones, books in the running brooks, and good in everything." He will be largely tolerant of all men and all systems, because he seeks always the truth, and knows that truth is very great, and is not easily to be compassed.

No sect is so narrow that does not possess some element of truth; no sect or system so broad as to include all truth.

Making large allowance for prejudice and for the partisan spirit which often makes extravagant claims and juggles with statistics, the truth appears to be that vaccination, to a limited extent, affords protection against small-pox.

The protection is not absolute in all cases. It is absolute in some cases. It is partial in some cases. It affords no protection in some cases.

It is here regarded only as a prophylactic measure.

According to its advocates, it may and does become a therapeutic measure, under certain circumstances, viz. :

"If vaccination is performed at any time within three days of exposure to small-pox, the vaccination will cause a certain degree of modification of the small-pox, and consequent protection" (R. H. M. S.).

To this we may yield a qualified assent.

On the other hand, it appears to be true, as its opponents claim, that vaccination is a repulsive and dangerous operation; that it introduces into the subject a virulent animal poison, the product of a loathsome disease in an animal; that this sets up a

morbid process that may of itself either prove fatal or entail a lifetime of suffering and disease, or may so change and weaken the subjects' resisting power that they easily succumb to other diseases.

We do not jeopardize our standing as consistent Hahnemannians, or compromise our principles in any way by such admissions. We are rather following the example of Hahnemann, who not only admitted that cures were performed by his allopathic opponents, but sought out such cases, accounted for and explained them, and used them as illustrations of the truth of his newly-discovered therapeutic law.

He showed that the cure was wrought because the patient had, by chance, received the homœopathic simillimum, and he showed how this knowledge could be made available in all cases.

He was willing to be taught even by his enemies.

Pursuing a similar course in the study of the vaccination question, we shall be able to explain the reasons for both the good and the bad results attributed to it.

We have only to take it out of the field of polemics, and apply to it the same principles and the same course of reasoning that we use in discussing any other prophylactic or therapeutic remedy.

From ordinary vaccination has been obtained some good and some bad results.

That harm should be done is only to be expected from the very crude and unscientific method pursued. It cannot be otherwise. It is the same in the administration of any and all drugs.

When crude drugs are given in large doses, some cures will be performed, but great harm will be done in many other cases.

Even the brilliancy of the cures is too often dimmed by the complication with drug symptoms and the violent reactions excited. These are truisms with us.

That good results should be obtained in some cases is not surprising when we pursue this course a little further. It is easily explainable on purely homœopathic grounds.

Vaccination owes any degree of efficiency it may possess, either as a prophylactic, or as a therapeutic measure, to its homœopathicity to the case in which it is employed, and the extent of the protection afforded, or of modification secured, is proportioned to its degree of similarity.

This is a proposition which may be intelligently discussed, in the light of the principles of this Association.

Is vaccination homœopathic to small-pox? In other words, are the symptoms produced by vaccination similar to the symptoms of small-pox?

The simple statement of the question is all that is needed in this presence, and I need not take time to make or read a comparative table of symptoms. We have only to turn to the last volume of Hering's *Guiding Symptoms*, now so happily in our possession, and study the article on *Vaccinum* and *Variolinum*. The similarity of the two trains of symptoms has often been noted in a general way.

In the course of the vaccine disease we have, as it were, a case of small-pox in miniature, even to the development of the characteristic papule, vesicle, pustule, scab, and cicatrix.

There are those—and they are not all in the homœopathic ranks, either—who hold that the two diseases are identical in nature. Hering, in the *Guiding Symptoms*, combines the symptoms of *Variol.* and *Vaccin.* together in one proving. Here, then, is the explanation of the power of vaccination to protect some from infection, and to mitigate the symptoms of others suffering from small-pox.

The question of Posology now meets us here as in all cases. It is a fundamental question upon which rests tremendous issues.

If vaccination is a homœopathic procedure, and it is desirable or necessary to perform it, is the traditional and customary method the best one?

Shall we use the crude and deadly original virus, inserting it directly into the circulation by the lancet or scarifier, as is commonly done, or shall we use a homœopathic high potency of the virus, prepared and administered as are all our remedies?

Let us get the light of a kindred and closely-allied question upon it.

In a case requiring the administration of Psorinum, which the symptoms demand as the simillimum, shall we use the original crude pus from the sore of a diseased negro, introducing it directly into the circulation, or shall we use a high potency?

In a case requiring Medorrhinum, shall we inject into the circulation a little of the crude gonorrhœal virus, or shall we give the 45M or CM potency?

Are not the cases alike? What member of this Association hesitates a moment to answer, "Give the potency, of course!" And that is precisely the right thing to do in all cases, including vaccination.

What havoc should we produce if we used Psorinum, Medorrhinum, Syphilinum, Lachesis, Belladonna, or any other poisonous drug in the same manner as Vaccinum is used! What wrecked lives; what suffering and death; what outraged feelings; what suits for malpractice; what "lamp-post receptions" we should have! And yet the people submit to vaccination with all its evils for the most part uncomplainingly because they have been blinded and they are ignorant of a better way.

My contention is that as it is unnecessary, and even criminal, to use Psorinum, Medorrhinum, Syphilinum, Lachesis, Belladonna, or any other poisonous drug in a crude form and introduced directly into the circulation, so it is unnecessary to use vaccine virus in that way. To vaccinate in the ordinary way seems to me a direct and flagrant violation of the fundamental principles of Homœopathy and of this Association.

In the administration of medicines for the prevention of disease we must be governed by the same law and the same principles as in the treatment and cure of disease. This is a logical necessity. Hahnemann clearly taught this, notably when he recommended Belladonna as a preventive of scarlet fever, and directed that it be given in the thirtieth potency.

If we use the potentiated remedy for treatment we must also

use it for prevention if we are to secure the same superior results.

If it is not necessary in the treatment of a case of small-pox to inject subcutaneously the crude virus of *Vaccinum*, *Variolinum*, or *any other drug*, then it is not necessary to use that method in the attempt to protect against small-pox.

This seems to me to be the only tenable position for a Hahnemannian.

We are called upon to provide a means of protection against small-pox, and ordinary vaccination is forbidden us by its very nature.

The potentiated medicine overcomes the difficulty and solves the problem, as it has solved all kindred problems.

Hahnemann's chief glory lies in his discovery of potentiation. This is peculiarly his own discovery, and it constitutes his chief claim to scientific immortality and the gratitude of mankind.

Others before him had seen more or less clearly the other truths he promulgated, but to him alone was revealed the grand and far-reaching truth of potentiation.

It was this discovery which enabled him to overcome the difficulties which had always stood in the way of the general practical application of the law of the similars.

The similar remedy given in large doses and in crude form only aggravated the disease or killed the patient. The potentiated remedy cured. Jenner, too, made a great, though a partial, discovery. The view I have taken of this question accords to him his true position in the ranks of the world's benefactors. Jenner's discovery is not complete until it is brought into its proper relation to Hahnemann's law of Posology. Then it assumes its proper place in our armory of weapons against disease, and Jenner takes his true place as *the discoverer of a new remedy*, a nosode to be sure, but valuable when proved in combatting certain forms of disease, among others small-pox.

Jenner did not know how properly to apply his remedy in order to secure the best results. The method he adopted is merely a clumsy imitation of the Turk's inoculation.

If he had taken counsel of Hahnemann, as he might have done, he might have learned a better way, and the world to-day have been better off and healthier. As it is, vaccination has probably done more harm than good.

In *Homœopathic Vaccination*, therefore, we have an agent for good worthy of our acceptance. Here is truth undefiled by error, good wheat freed from chaff. Turning to our literature we find the records of many cases of small-pox treated with Variolinum and Vaccinum in high potency, and always with good results. Indeed, the results in some cases so treated are marvelous, the disease running its entire course in about a week, with very little inconvenience to the patient, and no pitting. Dr. Fincke has, I believe, collected a number of such cases. From the use of no other remedies have such results been obtained as the records of these cases show. We are justified in claiming at least, then, that as a method of treatment in small-pox, using the higher potencies of Variolinum or Vaccinum is far superior to ordinary vaccination.

In the light of our experience with other drugs as prophylactics, are we not also justified in claiming that what I have called "*Homœopathic Vaccination*" is equally superior to ordinary vaccination as a preventive of small-pox? And may we not hope that this may become the practice, at least, of all Hahnemannians?

VACCINATION AND HOMŒOPATHY.

HARLYN HITCHCOCK, M. D., NEW YORK, N. Y.

What is vaccination?

It is the introduction of the crude morbid products of disease into the tissue of the healthy organism.

What is the object of vaccination?

It is supposed to prevent the development or mitigate the severity of a disease which might possibly affect the individual at some future period.

What is the result of vaccination?

It makes the subject sick.

These are the three fundamental questions involved in the subject of vaccination with the unequivocating answers. The answers consist of one supposition and two facts. The facts are irrefutable. The supposition embraces an indefinite number of theoretical propositions, none of which have been proved to be in accord with the facts as shown by the records of a century of experiment. Hence ignoring the theories and doctrines, the hypothetical matter, homœopathics has only to deal with the facts, viz., what it is, and its results.

Hahnemann said: "The physician's highest and only calling is to make sick people well, which is called healing." Nowhere do we find any admonition to make people sick, nor is there the slightest suggestion that it is advisable to produce artificially a sickness that may or may not occur naturally at some period more or less remote. Our purpose is to remove, not produce sickness. Would it not be absurd to give a person a dose of Colocynth to-day on the supposition that he might have a belly-ache next year? Who would think of placing a splint on one's leg for fear it might be broken at some future time? Yet this is the logic of the vaccination fiend.

Hahnemann recommended the use of remedial measures *when indicated*, not on the supposition that they might be indicated sometime within the next twenty-five years.

Hahnemann recommended the use of remedial agents in the minimum dose and in a potentiated form. He did not approve of the use of crude materials forced into the tissues any more than he approved of their use by the mouth. Nowhere do we find his approval of the use of the crude morbid products of disease, the *débris* and excreta of ulcerous sores, projected into the organism, and if he does not disapprove specifically of any particular proceeding, is that any excuse for indulging in practice which is inconsistent with the general principles of Homœopathy?

This Association has already made emphatic announcement of its allegiance to Hahnemannian principles and has distinctly expressed itself in regard to the empirical use of disease products, even when subjected to the process of potentiation. Is it

not, therefore, desirable that the expression of the Association's opinion of the practice of vaccination be as distinctly and decisively expressed?

Vaccine lymph is the product of disease; it is a crude material; it has not been proved as required; it is not administered in the minimum dose and potentiated form; the practice is purely empirical; it makes the subject sick; it produces injury and death; it is not in accord with the law of similars.

Therefore I propose the following as a standing resolution:

Resolved, That vaccination with the crude virus is in practice and theory contrary to the laws of Homœopathy, and without fact or logic for its support, and the practice is hereby condemned.

Resolved, That compulsory vaccination is unjustifiable and contrary to the rights and privileges of the people.

With reference to the question of compulsory vaccination and its legal status, I take pleasure in presenting the opinion of Judge Thomas M. Wyatt, of New York, which was prepared at my request, and which is appended hereto as a part of this paper.

IS THE ACT COMPELLING VACCINATION UNCONSTITUTIONAL?

JUDGE THOMAS M. WYATT, NEW YORK, N. Y.

The session laws of the State of New York provide, L. 1860, ch. 438, § 1, that

“The trustees of the several common-school districts in this State, and the proper local boards of common school government in the several cities of this State, are hereby directed and empowered, under the provisions hereinafter set forth, to exclude from the benefit of the common schools therein any child or any person who has not been vaccinated, and until such time when such child or person shall become vaccinated.”

The Fourteenth Amendment to the Constitution of the United States, provides:

“SECTION 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the

United States and of the States wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States ; nor shall any State deprive any person of life, liberty, or property, without due process of law, nor deny to any person within its jurisdiction the equal protection of the laws." And further,

Section 6 of the first article of the Constitution of the State of New York provides, that,

"No person shall be deprived of life, liberty, or property without due process of law."

Every citizen is called upon to pay and does pay, directly or indirectly, a school tax for the purpose of maintaining the public schools ; in consideration of said tax so imposed and paid, he is to receive, and there is guaranteed to him, certain school benefits and privileges, and the free common schools of the country for the benefit and education of all citizens alike are the result. And to deprive a citizen of the benefit of the public schools for which he has paid, is to deprive him of the privileges and immunities guaranteed to him by the Constitution of the United States and of the State of New York without due process of law.

The laws of the State of New York compel the parent or guardian under certain pains and penalties to send every child over whom he has any control to the common schools, and at the same time the law deprives that child of the privilege and benefits of such school unless the parent or guardian has complied with certain regulations.

The Act of 1860, of the State of New York, is in the nature of a fine or penalty, by which certain persons, who are citizens under the Constitution of the United States and of the State of New York, are deprived of certain privileges, immunities, and benefits without due process of law.

That no citizen shall be affected in person or property by any proceeding in which he has not had an opportunity to be heard, lies at the foundation of all law of civilized and enlightened nations. There can be no due process of law without opportunity of defense. Notice to appear and protect his

interest is the essential privilege of every citizen of the United States.

“Constitutional provisions declaring that no person shall be deprived of life, liberty, or property without due process of law is not limited to judicial proceedings which may interfere with those rights, whether judicial, administrative, or executive” (*Stuart vs. Palmer*, 74 N. Y. 183).

The statute of the State of New York first above quoted, creates the trustees of the several school boards of the several school districts and the local boards of common school government of the several cities of the State a quasi court to determine the eligibility of every child or person applying for the privileges of the common schools and may allow or deprive the child or person of that privilege or advantage. The rights above stated are determined without notice, hearing, or appeal. There is no requirement laid down in the statute requiring notice to be given to said child or person, or parent or guardian, or allowing a hearing or trial to be had affecting the rights of said citizen to be adjudged thereby. Thus the decision of the above constituted court is made and judgment given without due process of law.

In *The People vs. The Board of Health*, 58 Hun, 595, it was decided that had the statute under which the Board was authorized to require a railroad company to make openings in an embankment, dispensed with the necessity of a notice, the act would have been unconstitutional, the duties of the Board being quasi judicial in their nature.

In *Chicago vs. Minnesota*, 134 U. S. 418, Supreme Court of the United States declared an act of the legislature unconstitutional which authorizes the Board without notice to regulate the charges of the railroad company “as depriving the company of its property without due process of law and depriving it of the equal protection of the laws.” (See also *Clark vs. The Mayor*, 13 Barb. 32; *Babcock vs. The City of Buffalo*, 1 Sheld. 317.)

Then it is plain to be seen that as the State, purporting to give power to the above-named school boards to determine the

rights of certain persons, citizens, without notice, is unconstitutional and void.

No question can be raised questioning the fact that to deprive a person of a right or privilege is to deprive him of property, as a right is property, especially when that right is established, and is an advantage only obtainable by pecuniary consideration already paid, as in the case under consideration.

It cannot be claimed that this law is a police regulation. The police power of the State is not above and beyond the Constitution. The State legislation is at all times subject to the paramount authority of the Constitution, and cannot violate rights secured and guaranteed by the Constitution of the United States. (See 123 U. S. 663; *Powell vs. Pennsylvania*, 127 U. S. 678.) This is well established in *Clark vs. Mayer*, 13 Barb. 36.

"The police power has never yet been fully described nor its extent limited further, at least, than this: it is not above the Constitution, but is bounded by its provisions, and if any liberty or franchise is expressly protected by any constitutional provision, it cannot be destroyed by any valid exercise by the legislature or the executive of the police power" (*People vs. Gilson*, 109 N. Y. 400).

"The police power, however broad and extensive, is not above the Constitution. When it speaks its voice must be heeded. It furnishes the supreme law, the guide for the conduct of legislatures, judges, and private persons, and, so far as it imposes restraints, the police power must be exercised in subordination thereto. * * * The power is not without limitations, and in its exercise the legislature must respect the fundamental rights guaranteed by the Constitution. If this were otherwise, the power of the legislature would be practically without limitations" (*Matter of Jacobs*, 98 N. Y. 108-110; *People vs. Marx*, 99 N. Y. 377).

Thus it is seen that an act to enforce vaccination in the public schools is not an act of police regulation. Without doubt the legislatures of the various States may enact certain regulations to protect the public health, so long as the enactments are kept

within the limits of the Constitution of the United States and of this State; beyond that it cannot go. The State legislature could as well enact that the children of certain parents might attend the public schools, while it prohibits the children of other parents that privilege. This discrimination would be obnoxious to the sense of every American citizen and in violation of every constitutional right and of justice.

And, furthermore, the attempted legislation on the part of the State is not an attack upon an evil that exists, but upon a possibility of an evil. It is not aimed at the sick, but at the well. It subjects the well to pecuniary damage, but does not attempt to cure the sick. Its shafts are leveled not at a reality, but at a possibility—a possibility that may never happen.

The legislature of the State might as well compel every child or person to be treated with injections of the lymph of Dr. Koch, to protect them from possible consumption, or with the bi-chloride of gold of Dr. Keeley, to prevent the possibility of drunkenness. If legislation is proper in one case, certainly it is in the other. The remedy claimed in either case is quite as certain as in the other, and any attempted legislation in either instance, when brought before the proper tribunal, would be declared unconstitutional and void.

A motion was made by Dr. Hastings that the sessions be held from 10 A. M. to 1.30 P. M., 4 to 6 P. M., and 8 to 10 P. M., or later.

Adjourned to 4 P. M.

Second Day—Afternoon Session.

WEDNESDAY, June 22d, 4 P. M.

DISCUSSION ON VACCINATION.

Dr. J. V. Allen—I am one of those who believe that vaccination is a detriment to the health, and I want to express myself in regard to vaccinating children on going to the public schools, the children being brought to me by the parents for

the purpose of gaining admission to the schools. For this purpose I use a preparation of the crystals of Antimonium-tar-taricum. I tell the parents that I believe vaccination to be a bad thing, as ordinarily practiced, and that therefore I will use a preparation of Tartar-emetic. I scratch the child's arm, moisten it with the solution, and let them go. If they insist on the usual vaccination, they have to go somewhere else for it. The preparation is simply a saturated solution of Tartar-emetic. The effect is to make a few pustules on the body with perhaps slight fever, but no scar is left. I think it would be an excellent procedure in an epidemic of small-pox.

Dr. Reed—These two papers are a credit to the society and to the authors. In thirty years' practice I have seen a good deal of the evil effects of vaccination. In Macon, Missouri, there were two ladies vaccinated by a physician. In both of those ladies a serious case of eczema broke out on the arm on which they were vaccinated; fever came with it; then it spread to the lower extremities. One of the ladies died of that condition, and the other was referred to me. The leg was in a terrible plight, she could not bear bandages on it; the fluid that exuded from the sores was so excoriating that it produced sores in other parts that it came in contact with. The itching was intense, the skin exfoliated in large patches. I have several of those flakes of skin at my office. I sent her one dose of Pul-satilla. Next morning she traveled to my office, one hundred and forty-four miles. In four days' time it required repetition. In two days more it required a second repetition. Then Lycopodium was given, followed by wonderful improvement, lasting six days; then a repetition, the effect of which lasted four days. I then wrote a letter to Dr. Lippe describing the case. He wrote back that I should give Thuja. I did not consider it indicated, but gave it as he directed, without any good result whatever, but there was a residue of symptoms there which Lycopodium would not relieve. I took a flannel bandage and bandaged the limb from toe to hip, and renewed it twice a day, morning and evening. It got well and she has never been sick since.

Another terrible case of the results of vaccination comes to mind. I was asked to go down to see a woman who was said to be dying, and by the time I got there she had passed from time to eternity. As she lay on the bed I estimated the weight of the body to be three hundred pounds. It was a case of elephantiasis. Fifteen years previous to her death she had been vaccinated, and that was the beginning of the disease. Her mother, her father, and her sister had all been vaccinated at the same time, by the same physician, and they all of them had elephantiasis since that unfortunate inoculation. The thigh of this woman was as large as a large man's body; it was split in several places and a fluid exuded. Before the vaccination this family had been free from chronic disease of any kind.

Dr. Rushmore—Do you know anything of the source of the lymph?

Dr. Reed—No, sir. I could find out that it was animal virus, but nothing more.

Dr. Baylies—I know of two young girls who tell me they were vaccinated at the same time, more than two years ago, with the same lymph, one of whom has suffered ever since from an ugly eruption on the face. It is red, tubercular, and papular eruption, covering the whole face, aggravated at the menstrual period. Thuja has much relieved but not entirely cured her. It may in time.

Dr. J. H. Allen—The effect of vaccination is, I believe, a from of sycosis, and that is the reason that Thuja so frequently cures it.

Dr. S. Close—Perhaps I may say a few words as to the practical application of these principles. It has been my custom to give Variolinum⁹⁰⁰, to children applying to me for vaccination. This meets, as far as I know, the requirements of the local authorities in Brooklyn. At the end of the time usually devoted to observation of the case, I give a certificate stating that the child has been vaccinated homœopathically. If any contest comes up in regard to this, it would involve our right to prescribe homœopathically. It is our privilege to produce propylaxis, as well as to treat the sick, by homœopathic methods, and this is our method of vaccinating.

As to what effects are produced, in some cases no effect; in other cases symptoms are produced, the most prominent being slight headache in occiput down to spine, backache and elevation of the temperature, restlessness, and, in a few cases, a slight eruption on the skin, chiefly on the forehead, neck, and back of hands. I usually give three powders, one to be taken each successive night. I suppose I have given twenty-five to fifty certificates. I decline to vaccinate by the ordinary methods. When parents come to me, I briefly explain my position, and, if they disagree, I put in their hands some literature on the subject.

Dr. Baylies—The following case accords with a proving of Variolinum given me by Dr. Fincke. Preston F——, aged five years, and sister about seven years of age, each took three powders of Variolinum⁹⁰⁰, Fincke, as follows: One powder dry on the tongue night and morning, on the 24th and 25th of April, 1891. On May 1st, the seventh day following the doses, an eruption appeared on Preston's face and neck, and quickly spread over his body. "Some of the blotches," wrote his father, "were as large as a silver five-cent piece, and held a watery pus," which gradually dried up, leaving a yellowish scale. "He had fever on the night of May 1st, continuing till it subsided somewhat on May 3d, and he was then feeling better." May 13th. "The eruption had about disappeared." No symptoms were remarked upon the sister.

Dr. Hitchcock—I consider this a question of extreme importance to the community. I have therefore given the legal aspects of the case. In relation to the effects that vaccination produces, I should like to read the record of one case which is very horrible, and which shows that vaccination laws are murderous.

The following two cases were read:

IS VACCINATION A CURSE TO THE HUMAN RACE?

C. A. WALTERS, M. D., BROOKLYN, N. Y.

"Who is he that will plead with me."—*Job* xiii, 19.

General attention has been called to this subject within the last few days throughout the United States and Canada by the

newspapers publishing an account of the suffering and death of Miss Frances Astén, residing at 224 Eckford Street, Brooklyn, N. Y.

As her family physician, a short history of her case, together with several others due to the same cause, may be of interest to my brethren in the profession, and, I hope, be the means of arousing sufficient energy in the people to overthrow that outrageous practice—compulsory vaccination in our public schools.

On December 1st, 1885, by the request of Mr. Astén, I vaccinated his two children: Frances, aged ten years, and Edna, aged eight years. He informed me at the time that he was opposed to it, had no faith in it, and would not have either one vaccinated were it not for the fact that both girls had been ordered by the Board of Education not to come to school again until they had been vaccinated.

Five days after the operation Frances complained of a pain in her left side, in the region of the heart; the pain grew steadily worse and two days later she became paralyzed.

Three days later hyperæsthesia of sensory nerves manifested itself to such an extent that she was unable to move her limbs without suffering torture, and whenever she was touched she screamed with pain. At this stage of her case I called the late Professor Lilienthal in consultation, who reluctantly gave it as his opinion that the vaccine virus was the cause of her illness.

On December 13th, an abscess formed just over her left knee, and the pain became so intense that she was unable to sit on a chair or stand erect. As time passed, other abscesses appeared in various parts of the body, more especially within the abdomen, which, in spite of all treatment, involved the intestines, resulting in the escape of fecal matter from the several openings.

Professor Janeway, and others equally prominent in our profession, were called in for aid, but all remedies seemed powerless to touch her case. Even the *maximum* doses of various narcotics failed to ease her torment, her screams being heard a block away from her home.

She wasted away slowly, and from August, 1889, she was a helpless cripple. At her death on January 15th, 1892, she weighed forty-seven pounds. As a matter of justice I desire to mention that on the same day that Frances and her sister were inoculated I vaccinated ten others, none of whom had any unusual symptoms follow the operation. The virus was on ivory points and was from the New England Company.

I shall make no comments at present, simply contenting myself with the statement that Frances was in *robust* health at the time I vaccinated her.

On the 6th of January, 1887, the press of New York city and Brooklyn announced in large type :

“ POISONED!!!

“ TWO DEAD AND ONE DYING—HUSBAND AND SEVEN
CHILDREN POISONED.

“ Coroner Rooney, of Brooklyn, was notified to hold an inquest in the case of Joseph Mauri, aged twelve years, and Eugene, aged twenty months, who died yesterday from poisoning, at their residence, No. 111 Butler Street, Brooklyn. When the reporter called, he found Mr. Joseph Mauri, a druggist doing business at 447 Hicks Street, at the point of death, together with the remainder of his children, five of them, prostrated with the same symptoms. The wife and mother of the family is the only one who is not prostrated, and circumstances point to her as the guilty one.”

The diagnosis was made by three physicians, viz., Dr. Raub, Dr. Elias H. Bartley, and Dr. William E. Griffiths, the two last being members of the Board of Health, and present in their official capacity. The symptoms noted on their first visit were :

“ *Excessive vomiting with burning in stomach, no fever nor purging, pains in the back and abdomen, with a livid, bluish, mottled condition of the skin, as sometimes noticed in cases of malignant scarlet fever.*” The dead were removed to the morgue and a *post-mortem* made, which proved very startling,

to say the least. I again quote from the newspapers of the next day :

“VERY VIRULENT SMALL-POX.

“THE MAURI FAMILY ILLNESS NOT DUE TO POISON.

“The *post-mortem* made yesterday on the bodies of John and Eugene Mauri shows the illness of the family to be variola hemorrhagia, which is the so-called black small-pox, or small-pox of the most malignant type, and is not due to poisoning, as was supposed to be the case yesterday. Mrs. Mauri, when seen, could not account for the disease appearing in her family, except it was caused by their being vaccinated on last Thursday, December 30th, by order of the Board of Education. Dr. Raub, the family physician, persuaded Mr. Mauri (who was opposed to vaccination) to allow him to vaccinate the entire family. Mr. Mauri and the seven children were inoculated, but when Mrs. Mauri was requested to also submit to it she emphatically refused.”

The father died the next day, making the fourth victim in this family.

The resolutions by Dr. Hitchcock were referred to a committee consisting of Drs. Hitchcock, A. R. Morgan, and Defriez.

THE PHILOSOPHIC RELATION OF HOMŒOPATHY TO SURGERY.

T. D. STOW, M. D., MEXICO, N. Y.

FELLOW ASSOCIATES :—Our mutual friend and co-worker, the Chairman of the Bureau of Homœopathics for 1891–92, Dr. B. Fincke, persuaded me to report a paper of the foregoing title at this the 1892 session of the I. H. A. I am not a little sorry to have undertaken the job, for, before this article was finished, I wished the job had been let out to some one more capable of doing the subject justice. A paper of this kind involves more than at first sight seems evident, for

there are divergent views entertained in this Association as to the scope of papers relating to the Bureau of Surgery, as well as to the character of articles addressed to the Bureau of Homœopathies. This organization has been effected for a specific purpose, that purpose being clearly stated in the declaration of principles.

First.—The law of similars is the law of cure.

Second.—A proper knowledge of the curative powers of medicines is derived from provings made upon healthy persons.

Third.—Hahnemann's *Organon of the Healing Art* is the true guide in therapeutics.

Fourth.—The totality of the symptoms forms the only basis for the selection of the remedy, and the best results are attained by the use of the minimum dose of the single remedy in a potentiated form.

Fifth.—The alternating or combining of remedies in a prescription is non-homœopathic.

Sixth.—The suppression of symptoms by crude drugs in large doses and by local treatment is non-homœopathic.

Seventh.—Mechanical appliances are admissible only when mechanical conditions are to be overcome.

Eighth.—We deprecate any practice which tends to the suppression of symptoms, inasmuch as it injures the patient and renders difficult the selection of the specific remedy.

Ninth.—We disavow all connection with that practice which, under the guise of Homœopathy, is at variance with the law of similars and its conditions, as deduced by Samuel Hahnemann.

Tenth.—In order to publicly declare our allegiance to the homœopathic law, we have associated ourselves, and have organized under the name of the International Hahnemannian Association.

Guided by the foregoing declaration, we are enabled to judge of the merits of homœopathic therapeutics, and the demand therefor in any case, and of the occasion for bringing to our aid proper surgical assistance for the relief of the suffering, or a conjunction of the two when necessary.

Turning to the first, second, third, and fourth sections of the

Organon, we find a clear statement of the duty of the physician, also of the necessity for mechanical-surgical procedure in section 7.

The law of the land, and the curriculum of the medical schools require of the physician a knowledge of anatomy, physiology, pathology, materia medica, and therapeutics, also of obstetrics and of surgery, before he or she may enter upon the duties of the profession. It is true, some make a specialty of a particular department of medicine, obstetrics or surgery, but it many, *many* times happens, in small towns and in country practice, that the physician is called upon to treat fractures, traumatic conditions, hemorrhages, abscesses, tumors; perform paracentesis, catheterism, etc., and is expected to be *prepared* for such work. If he be a homœopathician, all the better, for certain constitutional symptoms often arise, acute inflammatory or neuralgic conditions precede or follow operative measures that are nicely and better controlled by homœopathic medication.

I think we who are radical in our views of what constitutes pure Homœopathy and sticklers for principle, err when we attempt to treat many cases in strict conformity to our declaration of principles. It often happens that homœopathic treatment will not cure the case until surgery steps in to remove the impediment, and this, too, in both acute and chronic diseases. I will cite a case by way of illustration, by no means an isolated case:

When practicing in Fulton, N. Y., back in the sixties, a lady of fifty years, fat, inclined to easy perspiration, sour eructations in the morning and after eating, also after taking milk, dry cough at night followed by loose, salty, yellow expectoration, morning asthma, and dyspnœa on slight exertion, cold, damp hands and feet, depression of spirits with apprehension of pending misfortune, came to me for advice. She also had scirrhus of the right breast, the breast being large, pendulous, quite hard and nodulated, and was obliged to carry it in a sling. She was subject to sharp lancinating pain in the breast, the pain often streaking down the arm and into neck. She lost much sleep and began to have night-sweats, also to lose flesh.

Under the action of Calc-carb.²⁰⁰, and later on of the 5,000th potency, there was marked diminution of the constitutional symptoms but no real improvement of the local. The tumor increased in size, the nipple entirely retracted, and ulceration of the skin over the most prominent nodulē of the tumor now took place. The ulceration increased, dipping into the body of the tumor and established a foul, sanious discharge with occasional hemorrhage. At this stage, six weeks from first prescription, I advised immediate extirpation of the entire breast. So on one of the coldest, stormy days of February or March, in 1865, assisted by Drs. MacManus and Fowler, of Oswego, and Dr. Chaffee, of Fairport, N. Y., removed the entire breast. The lady made a nice recovery; two-thirds of the superior line of wound healed by the first intention. The entire tumor weighed not far from eight pounds. In some three or four weeks she was able to resume work. The recovery seemed to be complete, and so far as I know she never had a return of the malady, for I kept posted as to her condition more than a decade.

The lesson to be learned from this and similar cases is: *that Homœopathy and surgery are intimately and philosophically related—are handmaids; that remedies selected under homœopathic law put patients in the best condition for operative measures and give immunity from subsequent ill; also that structural changes and lesions frequently limit the curative action of remedies, the organism resuming its integrity after the removal of the altered condition by operative measures.*

As a rule, in the treatment of cases made complex by an injury, or by certain organic changes, operative measures are not resorted to early enough, hence Homœopathy is likely to be the loser. To avoid this, and to maintain the philosophical relation of homœopathic therapeutics to surgery, there must be co-ordinate harmonious action, each coming to the assistance of the other, at the right time and by the right means.

It can be conclusively shown that only homœopathic therapeutics are related to, and in harmony with pathological symptomatological conditions—and philosophically so. Allopathic,

antipathic measures are but the opposers, the brute force suppressors of natural law as exhibited in morbid conditions : hence, they are without chart, without warrant, unphilosophical, injurious !

There should be no conflict of opinion among us as to the policy or necessity of maintaining a Bureau of Surgery in our organization nor of encouraging surgeons of our school. There may be at times a question as to the necessity for operative measures, but such question can be easily set at rest by adopting the rule or statement made by our esteemed President, Dr. James B. Bell, on page 6 of his printed circular to "The Censors and Members of the International Hahnemannian Association," in which he says : "*We will never operate while there is a reasonable opportunity or expectation for the action of the specific remedy.*"

Hahnemann, in a foot-note to section 7 of his *Organon*, says : "It is taken for granted that every intelligent physician will commence by removing this 'causa-occasionalis;' then the indisposition usually yields of itself. Thus it is necessary to remove flowers from the room when their odors occasion paroxysms of fainting, hysteria; to extract from the eye the foreign substance that occasions ophthalmia; remove the tight bandages from a wounded limb which threatens gangrene, and apply others more suitable; lay bare and tie up a wounded artery where hemorrhage produces fainting; evacuate the berries of Belladonna which may have been swallowed by vomiting; extract the foreign particles which have introduced themselves into the openings of the body—the nose, pharynx, ears, urethra, rectum, vagina—grind down stone in the bladder; open the imperforate anus of the new-born infant, etc."

Thus we see that Hahnemann, even at the opening of *The Organon*, recognized the occasional presence of and the necessity for surgical interference in removing a causa-occasionalis. It is also true that Hahnemann in the foot-note to section 7 did not intend to limit the occasions for interference by mechanical methods to the examples then and there quoted. Had he lived until to-day, he probably would not condemn the use of water,

hot or cold, nor of "Peroxide of Hydrogen," nor perhaps of some of the phenol group, when used as aseptics.

The fact is that certain measures, *chemical*, may occasionally be resorted to in the treatment of injuries, solutions of continuity, entirely legitimate, philosophical, and harmonious with our creed.

The philosophical relation of homœopathic therapeutics to surgery—and *vice versa*—must be determined by the symptoms and necessity of the case and on the basis of reason and experience. There are many cases illustrative of the philosophical relation of homœopathic therapeutics to surgery—a few I will name :

First.—The inflammatory and neuralgic conditions following fracture or dislocation of bone.

Second.—The inflammation of soft tissues after injuries, including erysipelas, erythema, etc.

Third.—Abscesses and other suppurative conditions.

Fourth.—Ulcerations.

Fifth.—All symptomatic fevers.

Sixth.—Hemorrhages of several kinds, particularly such as are associated with malignant disease, ulcerations, hemorrhoids, the bleeding from small wounds, polypi.

Seventh.—Cachectic and hectic conditions, after operation.

Eighth.—Gangrene; sloughing of tissue.

Ninth.—Ostitis, periostitis.

Tenth.—Collapse after injury.

Eleventh.—Obstetrical complications.

Twelfth.—The removal of tumors; opening and irrigation of abscesses; drainage, etc.

Other citations might be made—surgical and therapeutical—illustrating the harmonious relation of the two, but these must suffice. To sum up the whole matter, it may be said : That the interference of operative measures must be left to the discretion of the practitioner, based upon knowledge and experience, guided by reason and necessity. When this is done the relation of therapeutics and surgery will be *philosophical* and harmonious.

At this point it was my intention to close this paper, but on

looking over the article, and in the light of the controversy that seems inevitable and likely to grow out of the position of our very worthy and highly esteemed President, Dr. James B. Bell, in his published letter to the members of this Association, and of some letters I have lately received on the subject, it seems necessary to add a few sentences relative to resolutions second and third of the Declaration of Principles.

If resolution second can be construed to apply to surgical procedure, it refers to caustic, astringent, styptic, aseptic, and antiseptic applications mainly; also to anæsthesia, poulticing, etc. Now, cases *may* arise where, in order to destroy a malignant growth, or to promote adhesive inflammation caustic may be used.

Tannin, Hamamelis-virg., Liquor Ferri-persulph. may be used to check hemorrhage from closed wounds, and the practice be rational and successful. No one claims such treatment to be homœopathic, but the same may be said of much if not all surgery. The free use of cool or hot water, poultices, the use of peroxide of hydrogen, of soap, of hydronaphthal in irrigating and cleansing wounds are non-homœopathic, but often necessary for the sake of cleanliness, and the spirit of Homœopathy is not violated by such use; *rather* is it maintained by it.

Resolution third of the Declaration of Principles is to be interpreted in the light of the full meaning of the term "mechanical," when defined by the popular understanding and by experts. Webster defines the word "mechanical" as follows:

"Pertaining to, governed by, or in accordance with mechanics, or the laws of motion; depending upon mechanism or machinery."

"That part of *mechanics* which considers the action of forces in producing rest or equilibrium is called *statics*; that which relates to such action in producing motion is called *dynamics*."

"The term *mechanics* includes the action of forces on all bodies, whether solid, liquid, or gaseous."

If we accept the above definitions as sound, it is easy to see that very few surgeons inside this Association violate the spirit, or even the letter of our principles in their practice. Large

liberty, wide latitude are given them in a surgical point of view. Surgical operations are dynamic or statical, and whether one or both may be not only consistent with mechanics, but with homœopathics.

I am but a humble member of this Association, yet will not be behind any in sustaining our principles upon logical, philosophic bases. But allow me to express sorrow that so little interest seems to be taken in things that relate to the Bureau of Surgery, and that the surgeons of our school and of this Association should be so severely catechised for their conscientious and legitimate work in curing the sick—or at least in *trying* to do so. Lady and gentleman practitioners, if the work of ostracism or of expulsion must begin, have you reckoned the consequences, and do you know where it will stop? To be pure is *right*, to weed out tares is well, but “in weeding out the tares *be mindful, lest you tear out wheat also!*”

Dr. B. Fincke was appointed Chairman of the Bureau of Homœopathic Philosophy for the ensuing year.

The following corrections are desired to be made in regard to the Transactions of 1891.

The remarks of the President on page 338 at the close of the paper, “Alternate Action,” should be placed on page 342 at the close of the paper, “Inversion of Symptoms, Repetition.”

The draft of a Declaration of Principles, presented by Dr. Fincke and referred to a committee, was inadvertently omitted from the Transactions of 1891. It is here given in full.

DRAFT OF A DECLARATION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

When in the course of development of that particular branch of Science and Art called Homœopathics its votaries are overwhelmed by a great majority which deviates from the vital principles governing it, and still retains the name homœopathic for their spurious practice by which the public, and especially their

patrons, are deceived, it becomes the duty of the adherents of the true doctrine to declare openly their abhorrence of such misdemeanor and their opposition to the further arrogation of an honorable name which they have no right to bear.

For this purpose and for the purpose of perpetuating the true Hahnemannian spirit, the International Hahnemannian Association was founded twelve years ago. Now We, the present subscribed members of The International Hahnemannian Association, make the following statement of what we hold to be the principles of the Homœopathic Science and Art, and of the rules derived from them for homœopathic practice, as laid down in *The Organon of the Healing Art* (5th ed. 1833) by the immortal Samuel Hahnemann, and we pledge ourselves to teach and practice accordingly.

STATEMENT OF PRINCIPLES.

I.

Disease is not a thing but a virtual distunement of the life-force of the organism. See *Organon*, §§ 9, 11-13, 15, 16, 19.

II.

Disease is only observable by symptoms subjective and objective. See *Organon*, §§ 6, 7, 14.

III.

The diagnosis of the disease is determined by the complex of the symptoms. See *Organon*, §§ 3, 14, 17-19, 82, 152-154, 181.

IV.

Disease is best cured by medicine which by potentiation is rendered in its dynamic nature similar to the life-force. See *Organon*, §§ 16, 25, 275-277, 279, 283.

V.

The specific healing power of the medicines is elicited by proving them upon the healthy. See *Organon*, §§ 20, 21, 108, 111, 118-144.

VI.

The indication for the proper selection of the remedy is found in the symptoms obtained by these provings, and by clinical experience. See *Organon*, §§ 3, 18, 147, 148.

VII.

The relation of the remedy to the life-force demands its proper selection according to similitude of symptoms and dose. See *Organon*, §§ 16, 48, 50, 61, 54, 275, 277, 280-283.

VIII.

The formula *Similia Similibus Curantur* is the empirical proposition of the fact that like cures like, which is verified by every curable case, and, being co-extensive with the entire realm of healing by remedial forces, serves as the law of cure. See *Organon*, §§ 19, 21, 25-29, 50, 51, 275.

IX.

This law of cure is the application in medicine of the principle of mutual action contained in the Newtonian Law of Motion: *Action and reaction are equal and contrary, or the actions of two bodies are to themselves mutually equal and directed to contrary sides.*

STATEMENT OF RULES FOR HOMŒOPATHIC PRACTICE..

I.

Only one single remedy at a time is to be given. Alternation, rotation, and combination of remedies is inadmissible. See *Organon*, § 272.

II.

Remedies are to be given in potentiated form, proportionate to the life-force. See *Organon*, §§ 16, 25, 275-277, 279-283.

III.

Surgical treatment is indicated in cases where "a mechanical aid is to be applied to the suffering parts, so that the external

impediments to the healing to be expected through the life-force alone, be annihilated," and after the homœopathic resources have been exhausted. See *Organon*, § 186.

IV.

Suppression of observable symptoms by crude medicine in large doses, and by local treatment, is deemed malpractice. See *Organon*, §§ 185, 206.

Finally, we hereby declare that we do not acknowledge any physician, according to the standard of Hahnemann, as a homœopathician (Hahnemann's *Homœopathiker*) who in his practice does not carry out the principles of homœopathics and the rules for practice resulting from them as stated above, in accordance with the adopted formula of our Association.

Simplex, Simile, Minimum.

We, the members of The International Hahnemannian Association, in regular meeting assembled.

JUNE 23d, 1891.

[Signatures.]

ADDITIONAL REPORT OF THE BOARD OF CENSORS.

The following were elected to active membership, the Secretary casting the ballot for each : L. A. L. Day, M. D., Chicago, Ill. ; G. W. Winterburn, M. D., New York, N. Y.

Dr. Custis presented the following resolution :

Resolved, That we learn with pleasure of the project to erect a statue to Samuel Hahnemann in Washington, D. C., and that we hereby heartily approve of the same, and that a committee of three be appointed to solicit subscriptions for the proposed monument, and that the amounts given by members of this Association be given through this committee, and in the name of the I. H. A.

The resolution was adopted, and the following committee appointed : Drs. Custis, Thurston, and Howard.

BUREAU OF MATERIA MEDICA.

J. R. HAYNES, M. D., *Chairman.*

MEDORRHINUM.

GEORGE H. CLARK, M. D., GERMANTOWN, PA.

To what place shall we assign Medorrhinum? Is it destined to have the same relation to sycosis that Psorinum has to psora? Shall we be able to use it as an intercurrent in sycotic affections, to give impetus to other remedies?

These questions have come to me after using this remedy in several cases, but I am not yet able to give satisfactory answers.

That the proving of the Medorrhinum we now have is of value can be readily seen by a glance at its pathogenesis, but whether it is to be the remedy *par excellence* for sycosis is to me an unsolved problem. That it is of effect in inherited sycosis I have found out by giving it to a number, but I have been disappointed in its apparently doing nothing, after having done much to lead me to believe that it would permanently cure. As an illustration, a woman, æt. forty-eight years, gave me the following: "Indisposed to work or make mental effort; desire for rest and dread of change; noise, confusion, disorderliness of surroundings distressing; depression and much anxiety, especially after sleep; irritable if the room is not light enough to make everything distinct; craving for stimulants, but cannot endure the effects, for they cause a wild, crazy feeling in brain after the first sleep; same effect from using eyes.

"Shooting pains in head, sometimes in ears. Hearing very acute, but dull of comprehension at times. Aching in back of head and feeling of stiffness and drawing back at top of spine; this always produced by use of eyes. Top of spine as if too weak to support head. Rush of blood to head and face from using eyes, or making any effort, or from any emotion.

"Eyes feel many times as though grains of sand were under lids.

"Feeling of constriction and aching in throat and jaws, when tired.

"When tired, vacant feeling in head ; inability to think continuously, or talk, or to listen to talking.

"Memory very poor, impressions erased, when weary, almost as soon as made.

"Appetite poor, can digest but a limited amount of food.

"Feeling of nausea from using eyes, or when weary. After eating heartily, feeling as though stomach pressed upon a sore spot at left side. Bearing-down sensation in bowels and uterus upon standing or walking, and after bowels are moved. Feeling of want of power in rectum—massing of fecal matter at times.

"According to an old-school doctor, there are ulceration and inflammation of the os uteri, and intra-uterine inflammation of long standing. There is a discharge of a white-of-egg-like substance. Enlargement of uterus. Burning, drawing kind of sensation in uterus after driving, standing on feet, or weariness. Almost constant desire to urinate ; if there be any delay a dreadful nervous feeling, and sometimes burning, sometimes chilly all over body. Urine dark and scanty. Aching in pelvis from leaning over, or if back is not supported.

"Right arm gives out from little use. Lower limbs very weak, especially when first using them after rest."

This from the written description. Questioning as to the mental state, I added : Constant state of anguish. Always a feeling of impending danger, but knows not what. There is no cause for such feelings, as she is not obliged to do anything when disinclined, as she is so situated that nothing need cause her trouble.

She has been an invalid for years. That is, the above symptoms have been almost constant for twenty years.

She has applied to some of the best oculists of the country for relief from the eye symptoms ; but in vain. She has numerous pairs of spectacles, but none afford relief.

To me she presented a perfect picture of sycosis, and I went to work to find a remedy. After study I could find no remedy

to cover the entire symptoms, and I then turned to Medorrhinum, as found in *Guiding Symptoms*. After comparing her symptoms I gave her one dose of that remedy.

In a few days she reported that she felt better than for years. For a number of weeks this improvement continued. She was able to go about more than for some time previously, and enjoyed freedom from the most distressing symptoms. But presently there came a standstill. She seemed not to improve. I again compared symptoms and found nothing better than Medorrhinum. Another dose was given, to be again followed by relief, but for a short period only. After waiting, another dose of Med. was given, but it seemed of no effect. She then went away on a coaching tour for a few weeks and returned feeling much better.

In a few weeks more her old symptoms again distressed her, and she was given another dose.

Shortly after this she left for California, and the latest that I have heard is to the effect that she is not much better than when she left.

Another case, undoubtedly inherited sycosis, gave these symptoms: Usually depressed; easily tired; disinclined to any exertion, and yet often unable to keep still; forgetful; unable to think connectedly; mind wanders from subject, even in reading; cannot think at all if hurried.

Always wakens tired in the morning; hates to do anything that must be done, even nice things; gets nervous and excited about riding and driving as soon as the time is fixed.

Sometimes cannot raise lid of right eye after being asleep; cough when tired or nervous.

Aching in right shoulder and arm; dull, sore pain, and soreness and stiffness of arm when moved. Hurts most to move it back or straight out from side. Worse at night or from any pressure on back of shoulder that pushes shoulder forward. Weight of bedclothes on arm hurts it. Aching at times extends to fingers, and the fingers swell when used.

Feet always wet with perspiration. Hands cold. Nails dry and brittle.

Medorrhinum, one dose, was given on November 8th, 1891. The symptoms gradually disappeared and have not returned up to the present.

The question that now arises regarding the first case is: Will Medor. eventually effect a cure, or will other remedies be required? The cases are given for the purpose of eliciting what others have done with this remedy.

DISCUSSION.

Dr. Close—I have had a case very recently under treatment that might be called membranous dysmenorrhœa. I can give only two or three symptoms from memory. Menstruation was accompanied by terrible pains of a grinding character. Flow scanty, and on the second day there was a passage of a firmly organized membrane. The mental symptom was a constant feeling as if something was behind her. She could not get away from that sensation. It was of nothing definite, simply something terrible behind her, peering over her shoulder, causing her to look around anxiously. Under Medorrhinum I found many of her symptoms, including the peculiar mental symptom, and gave it to her. The next period was without pain and without membranes. The second period had slight pain and passage of small pieces of membrane. Repeated the remedy and the third period was painless again. The fourth has not yet come about.

Dr. Baylies—In a case of erratic rheumatism, the patient, a nervous and anxious man, had a crusty eruption on the upper lip, sometimes dry and sometimes secreting a thin, purulent fluid, like gonorrhœal fluid. Medorrhinum seemed to cover his symptoms, both the rheumatic and the physical and mental depression. I gave it in the 1,000th potency. It appeared to afford rapid but temporary relief to the rheumatic pains, nothing more; and was repeated again and again with the same transient result. Thuja was more effectual, and nearly cured him; but there is still a tendency to recurrence after several months' treatment.

Dr. J. H. Allen—I reported a case of asthma cured by Me-

dorrhinum at the Indiana State Society meeting, 1890. The peculiar symptoms were the mental condition and leucorrhœa of a fishy odor. She had also a cough which kept her sitting up most of the night; the expectoration was yellow. It was cured with one dose of Medorrhinum.

Dr. Clark—To me Medorrhinum has been a disappointment. I have not seen the effects I expected from its use. I have the impression that all the nosodes which we prove should be taken, not from one case only, but from several. Then we should be sure to have a perfect specimen of morbose matter.

SOME PROVINGS AND VERIFICATIONS.

F. O. PEASE, M. D., CHICAGO, ILL.

Cadmium Iodide.—In July, 1887, I prepared by the decimal scale, the 6x potency of this salt, and during one day and evening, I took six doses.

About the only symptoms elicited were a troublesome itching of the rectum and anus, which began about the fifth day of the proving; associated with this was a constipation that proved to be obstinate and troublesome. There was frequent desire for stool, without result, or only scanty discharge of dark brown offensive stools, clay-like in consistency, and while at stool an almost irresistible desire to strain forcibly so as to push downward, or prolapse the rectum, for the relief to the itching. This itching was during the day only, and worse when walking, or heated; began about nine o'clock A. M., followed in a few moments by desire for stool, and the attempt was sure to greatly aggravate the itching while at the same time the efforts at straining seemed to relieve or were very agreeable, as also better from pressing on the partially prolapsed rectum while thus straining.

There was during the afternoon much bloating of the abdomen, with sensation of fullness, and relief from passages of flatus. This itching torture became so unbearable, and the desire to remain at stool so inconvenient, I took various remedies, but with little amelioration, and in the second week it slowly subsided,

but it was a long time before my bowels regained their usual clocklike regularity.

In 1889 I cured a case of itching piles, in a carpenter, sixty-three years of age, that had withstood several remedies, he had suffered long with constipation. The case was characterized by much flatulence, which on passing started up a troublesome itching, which increased until he must go to stool, also there was aggravation of the itching when heated or when walking. While at stool the peculiarities of the above proving were closely imitated, so that I remembered my own experience. I gave him several powders of the 6x that I had used, and in a few days he reported improvement, which continued until the whole condition was removed.

Several cases of itching anus have been benefited if not cured by this remedy since. I have not repeated the proving, but will do so, and hope to develop other symptoms.

Kali-phosphoricum.—My proving of this drug has been incorporated by Dr. H. C. Allen in the Transactions of last year. I will report one or two cases and will say that I have been much pleased with its action in several cases.

Miss M. B. P., age twenty years, brunette, came for relief from severe headaches coming more and more frequently of late, and now almost a daily visitor. The pain is mostly in the left side from temple back to occiput, is worse from motion, or stooping, and especially worse by the noises of the school-room, when she gets "desperate."

The menses are irregular, usually too late, scanty, lasting only three days, the head pain comes on a day or two before the flow—in the morning—increasing until the second day of the flow. During the first day sharp, shooting pain in the left mastoid process going down, so severe as to make her cry out. The last period occurred seven weeks ago, scanty and short in duration; since this the headaches have been more frequent and severe. On the symptom: "Sharp shooting in the left mastoid process, going down," I gave *Kali-phos.*^{1m}, to be taken in water—four doses—and placebo every two hours until better; this was on February 10th.

March 24th.—She reported headache was better that night, but the pains in mastoid were worse or more frequent the next day, although she had better sleep that night. The menses came on the 19th, more flow than usual, and the headache with it, but the mastoid pain did not put in appearance. Is now troubled with constipation, frequent urging to stool, scanty success, passing only small pieces with a sensation, “as if much was passing” (this symptom I do not remember as belonging to the proving). I prescribed Kali-phos.^{cm}, one dose dry, and placebo.

April 26th.—Last two periods on time and more profuse, no headache this month, but has now some pain in lower abdomen when at stool, continuing some time after the unsuccessful effort and bloating of abdomen. Kali-phos.^{cm}, one dose and blanks, to report in three days if not better. Not having seen the patient since, am warranted in believing the prescription was effective.

A case of rheumatic stiffness of joints, most marked in the knees and across lumbar region. Pain in legs, worse in morning before rising, better by rubbing or gentle motion. The stiffness most marked when rising from sitting, must rock body to and fro, and take hold of something or be assisted to rise. The small of back so stiff he could not straighten up until he had been on his feet some time; walked with a shuffling step, constipation, small, dark, scanty stool after much urging, much flatulence, urine deep yellow and scanty, with reddish sediment. Kali-phos^{1m}, four doses, changed the constipation and urine, and the stiffness improved gradually so that he returned to work in a few days.

Nux-vom., *Carbo-veg.*—A case of peculiar dyspnœa. Was called at 4.30 A. M., found an infant of seven weeks in apparent collapse; face cold, pinched features, clammy sweat over surface, a blackish shade over temples, down sides of face and over chin and under lip, while the forehead, down each side the nose, and upper lip was waxy white, the nose blue and pointed, eyes open, pupils widely dilated, conjunctivæ dry, giving to the eyes that “fishy-eyed” expression. The muscles completely relaxed, feet and hands cold, the legs mottled, abdomen distended

with gas to the utmost. Heart's action, 120, and regular (this symptom gave me courage), but the respiration was a study, and can hardly be described. A quick inspiration, the nostrils collapsing at the beginning, so that the air passed through the mouth, which opened still wider with a jerk as the nostrils collapsed, the chest expanding to its utmost, then there was an interval of two or three seconds, when the expiration occurred slower than the inspiration, and an interval of two to three seconds, and then the convulsive inspiration as before. The mouth was very dry, tongue pale, dry, and pointed—shriveled.

The child at birth was plump and apparently healthy, but the mother had suffered from "sore nipples," being treated locally with washes, etc., the last one being a solution of Bismuth, which had been used for the last ten or more days. Her milk was scanty, and being eked out with all the baby foods on the market, but baby had suffered right along with colic and constipation, physic, and peppermint, until she was much emaciated and slept but little. The colic was worse after nursing, frequent urging to pass stool, abdomen distended much of the time with gas; attending physician pronounced the case one of marasmus and hopeless, and the night before prescribed whiskey and water for the colic, injections for the constipation if the Castor Oil did not work.

At one o'clock this morning the bowels had moved after hard straining; a severe attack of colic and crying followed, which the usual dosing failed to relieve; the abdomen became very much swollen; injection of water and the soap stick did not start action. At three o'clock the child was in a state of exhaustion, and the breathing as above began.

The family physician refused to come, telephoning that he could do nothing. On the history received, I gave Nux-v., a few pellets on the tongue, dropping some milk with it, and watched the case.

The one symptom that gave me hope and courage was the heart's action, pulse "being regular" but weak and 120. Belladonna, Cuprum, Ant-tart., Opium, Phos., Carbo-veg. passed in review, but one remedy only could be given. The odor of

breath was offensive, and I found "dyspnœa from flatulence, Carbo-veg." in Lippe's Repertory. This, with the general condition, determined my choice, and I placed the CM potency, a few pellets on the tongue, dropped some milk with it, and with finger on pulse, watched the case, occasionally dropping a dose of water in the open mouth. After several minutes there was a tremulous movement of the eyelids, and the pupils seemed smaller. A few moments later the tongue was moved, the color of face changed, the dark shade began to disappear, the conjunctivæ less dry, as by moving the lids there was enough moisture to brighten the eye.

From this on improvement continued, and at half-past eight I left the case for an hour, as movement had returned to the eyes and muscles, and the coldness of surface much less, and deglutition returned. The breathing was still unchanged.

At half-past nine I found the child sleeping and *breathing naturally*. The mother informed me that soon after I left the house the baby moved the head and looked around, and she took it in her arms, when it straightened out "stiff-like," and she hastily laid it down again. As she did so the breathing stopped, and she thought death had come, but she quickly saw it was natural breathing, and the little one had slept ever since. While she was telling me this, I had examined the abdomen, finding it still distended, the skin moist and warm, but my touching waked her, and this seemed to start a desire to vomit. I turned her on her side and she threw up some slimy mucus and a loud bolus of wind. Immediately after, a profuse movement of bowels and loud passage of flatus. This was the end of the distention of abdomen, and the case went on to recovery. A dose of Sulphur some days after, and now the child is a plump and healthy one.

Miss L. B. W., age eighteen; brunette; music teacher. Complained of severe backache, low down between the hips, constant burning, aching soreness, worse at night after stool, while sitting or standing, better only in a measure while lying more toward the left side, constipation for several months, desire for stool only when a large accumulation, and then putting off stool

because of the misery following; stool very large, difficult to expel, requiring much effort, which exhausts her, and followed by severe pain *in back*, lasting an hour or more.

At times desire for stool, with tenesmus, resulting in discharge of a mass of thick, yellow mucus. Without going into further detail, I will state that after several days and prescriptions there was no amelioration of the backache. Graphites, *Æsculus*, Opium, Alumina, Silicea, Nitric Acid failed. On the afternoon of the 23d was called to her home, found her in bed, with hot, dry skin, pulse 94, temperature 101.3 F., complained of the severe pain in the back, "low down," was chilly the night before, and a restless, sleepless night followed; irritable mood, thirsty.

Described the pain as throbbing, soreness, and occasional stabbing or shooting pains up the back. Suspecting rectal trouble, I questioned closely as to the location of that pain. Placed my hand on the sacrum, she said it was lower, and still lower, on arriving at the anus she shrunk away, face and lips deadly pale, crying out: "You hurt me!"

On examination, found three ugly, inflamed fissures, the largest, in front of and to the left of mesial line, mucus membrane dark-red, hot, and dry, and in the perineal body a lump of indurated tissue, large as a hickory-nut, very sore, and in this was the throbbing, shooting pain. Was it an abscess or a fistula? Believed it was the former. Hepar seemed to be indicated, which I prepared in four teaspoonfuls of water, a dose to be taken every hour, or until pain was better.

At nine in the evening I called. Found there was no improvement, pain more severe, perineum much more swollen, extending forward up the left labia, patient restless, anxious, temperature 102, and decidedly cross, could not stand another such night, and she must have relief or "go gray-headed."

She described one peculiar symptom, "a heavy sensation in the tumor." Bell. and Bry. have this sensation; this, with the aggravation from motion, the constipation, thirst, cutting pain, and other Bryonia symptoms. Without further study I prepared the 30M of Bryonia in four spoonfuls water, gave a dose

at twenty minutes after nine o'clock, again at twenty minutes of ten, and at ten I left my patient sleeping quietly.

Morning of 24th. She had a good night's sleep; was free from pain, but the swelling was very sore, though if she *kept still*, not much inconvenience. Left placebo, and the next day she was sitting up, dressed, and on the 28th the fissures were *healed*, the tumor in perineum was gone, there had been no discharge of pus, the bowels moved with comparative comfort on the 26th, and every day since, and the *backache* (which was not a backache), was cured.

And now (June 16th), there have been two monthly periods, without pain, and on time.

This case calls to mind another, illustrating the value of "characteristics," and of individualizing each case.

Mrs. B——, age forty-three, mother of a large family, with a history of long-continued uterine disturbance, rapid child-bearing, work and worry; frequent profuse menses; nightly attacks of asthmatic breathing; must sit up or stand up to get her breath; weary, languid, strength quickly used up, but like hundreds of overworked women, she "keeps up and around."

Was called at five o'clock in the morning; found her propped up in bed, pale and anxious face, heavy coverings about her, the room heated, hot bottles and things at her feet and legs; she had been roused at one o'clock, with a severe chill, the old asthmatic breathing, fearful that death was swiftly coming, great nervous anxiety and restlessness; the daughters did all they could to relieve her chill, but without much success.

When I arrived the chill was subsiding, and she complained of the severe pain in the third finger of the left hand, which was dark-red, and swollen to twice its usual size, up to the palm; she described the pain as being "like a red-hot coal" in the joint, or close to it, on outer side of the finger. The swelling began the day before, but she supposed it a bruise. She was restlessly moving the hand, trying to find ease, but could not in any position. I prepared *Arsenicum*^{cm} in water, a dose every ten or fifteen minutes, until better or worse.

She took only the third dose, as the pain subsided, and she

dozed off to sleep. The progress of the case from this on was interesting, because the beautiful adaptability of our law of cure was so clearly demonstrated. The paronychia progressed to suppuration, but the amount of pus was scarcely a drop or two. There was no more pain or loss of sleep; the remedies used after the Arsenicum of that morning were one dose of Hepar on the third day, and later, a dose of Silicea; and the most gratifying result in the case is that her breathing has scarcely troubled her since, and the menses have been much less in quantity, and general strength better than for years.

I would like to call attention to Gymnocladus, in inflammatory conditions of the stomach, as I have found it of value in a few cases where there was one or more of this group of symptoms, "loud belching, eructations of food some time after eating, also eructations of intensely sour water after eating, or when the vomiting comes on." *As characteristic*, and by me verified, "burning in a small round spot" in the stomach, worse after eating, but continuous. This symptom led me to the Gymnocladus, and a cure of a serious case of probably ulcer of the stomach, in a man of sixty-six years, obese and light complexion.

Following a hearty meal of boiled smoked sausage, sour potatoes, etc., a sort of Dutch lunch with beer. He was "hustled" the next morning with diarrhœa, with pain in stomach and abdomen, vomiting, and great prostration. I was not called until he had been suffering some days. The diarrhœic stools were fewer than at first, but the pain in stomach was severe, worse after eating, even the least amount, and about an hour or two after the food was eaten the vomiting began, sudden nausea, violent retching, and the ejected matter was intensely sour, making the mouth and tongue feel sore and raw; the vomiting would return every few moments, for a half-hour, and then quit for two or three hours. Great hunger immediately after each series of vomiting spells, when he *must eat* to relieve the *gnawing burning spot in stomach*, which he said he could cover with a dollar. There was also a nightly aggravation soon as he laid down, or about ten o'clock the burning was much worse, and

then a spell of vomiting. Arsenicum, Carbo-veg., Argentum-nit., Iris-versicolor, Bry., Calcarea, Colchicum, Psorinum, only palliated, *i. e.*, some of them did, the patient was losing strength and courage, and I was fearful that he was nearing the end.

On the thirteenth day of the trouble (eighth day of my treatment) after a long study of the case, with Lippe's Repertory at the bedside, I selected the Gymnocladus, and gave it in water, three doses, thirty minutes apart; this was late in the night (while he was suffering the night aggravation).

He had a better season of rest, and the following morning *did not vomit after eating*, the pain was less, and the throbbing (which I have omitted giving above) was much better. The day was comfortable, no more vomiting after eating, but, while sitting up, about seven in the evening, was taken suddenly with a vomiting spell, not having time to reach the bowl, and was horrified to see a large mass of bright red blood, mixed with slime, mucus, and ingesta, thick, yellow or greenish-yellow pus, of horrible taste and odor. I was hastily telephoned for; on arriving found him sitting up in chair looking better than since his sickness. He greeted me with, "I am free from pain," and "my stomach is *better*, doctor."

I got the account of the vomiting, and examined the ejected matter as it lay on the floor. There was a double handful of ingesta mixed with blood, pus, and thick mucus. My patient made a rapid recovery from this on, and is stronger than before for three years, or since he had the rheumatism, and piles, treated under official philosophy.

H. M. N., age forty-two, railroad employee, weight one hundred and eighty-nine pounds, of strong physique, light hair, blue eyes, jolly disposition; came to me for relief from symptoms that had of late worried him because not understood. Vague fears of paralysis, or calamity bothered him, when suffering from pains and other symptoms.

On "taking the case" I learn:

Has always been hard worked as a boy on farm to eighteenth year, since then on railroad, out in all kinds of weather, jumping on and off cars, one-half the time on night duty. Has

complained lately of pain in left shoulder worse in cold damp weather and accompanied with numbness, and "dead feeling" in the fingers, hand, and arm of that side; is anxious, and afraid of paralysis, etc. Also wanted my opinion as to the chances for *him* should he have the "bunch" on his arm cut out.

This bunch I found was a tumor, size of a base-ball, located at the posterior border of the left arm-pit, freely movable, hard, and painless, but inconvenient because of its size, interfering with lying on that side. This abnormal growth had begun about fifteen years ago, and increased slowly to its present dimensions. It was evidently a fatty tumor, and could no doubt be easily removed. Additional history as follows:

From infancy to thirteenth year had frequent attacks of croup, always brought on or worse if he played in water or got feet wet.

From fifth to thirteenth year, attacks of asthma, also brought on or aggravated by damp or cold muggy weather; better in dry warm days. Smoking cubebs, saltpetre, and much drug-ging had only palliated.

Many warts on hands, during childhood and youth, and frequent experience with boils, large and painful. One abscess in right groin after the annual "sheep washing" in eighteenth year.

Scabies, suppressed with Sulphur ointments, etc.

Fever and ague, in twenty-fifth or twenty-sixth year, and along with it had Quinine, Mercury, and Arsenic.

Aversion to formerly loved tobacco, smoking causes restless, hurried, "must go away" feeling; cannot stay in one place. Is forgetful, irritable, and easily moved to tears; better in cold air; can't bear hot room.

Frequent "bilious attacks," offensive mouth, and at these times aversion to and aggravation from tobacco. Of late, dusty atmosphere rouses up symptoms of the old asthma of boyhood.

Since about the time the ague was cured (?) the tumor has grown from a small nodule to its present size, never has troubled him until lately; during the last five months it has grown more rapidly than at any time in the fifteen years.

Calcarea being the closest constitutional "similar," I gave him six powders of the CM (Johnstone) potency, one to be taken each two hours that P. M., to be followed with placebo before meals and at bed-time.

This was on March 23d, on the 26th he called, saying: "Doctor, I guess I've bruised or strained that shoulder, it's awful sore and lame, pained me so I could not sleep, and I had a hard chill this morning, and sweat profusely on my back and that shoulder." Prescribed placebo, to report next morning if not better.

March 28th.—Bright and early he came; had suffered much during the night from sleeplessness, throbbing pain in the tumor, which was very sensitive to touch, could not lie on that side, chilly; worse on moving, no desire for food. On examination, found the tumor swollen, dark red, hot, and very hard, the surrounding tissues also much swollen and indurated.

I gave Hepar-s-c.³⁰, to be taken every two hours until the pain was relieved, then the pellets (placebo) as needed, to make him sleep.

March 30th.—The pain was relieved after the third powder, and none since; tumor still red, sore, and throbbing this morning; softening on centre, with a whitish spot showing. I allowed him to continue the flax-seed poultice, which he had put on the night before, and gave three powders of Hepar, to be taken as needed to ease the pain.

April 1st.—No pain; has taken the Hepar, good sleep, but sweats profusely on upper part of body, and is easily chilled. The tumor is softened over most of its area, central spot of skin yellow, and through it a drop of pus is oozing. I enlarged this opening with a wooden tooth-pick (which, by the way, makes a good "lance" to open boils and felons with when they are ripe, and do not open of themselves). With this tooth-pick I was enabled to discharge about an ounce of shreddy, offensive, curdy and "mixed" pus; the cheesy masses of matter were tough and plugged the opening repeatedly.

After this, I saw nothing of the patient for some weeks, when I learned that the suppuration continued for several days; there

was no more pain or trouble, and the tumor was gone, and he has been feeling in better health and strength than for years.

I report this case to illustrate the value of adhering to the teachings of Hahnemann, as we find them in *The Organon* and *Chronic Diseases*. We are to carefully consider a case in its totality, form an image of the whole condition, and are not to prescribe until we have made a thorough study of the case from two points of view, that of the individuality of the patient, and the individuality of the most similar drug; also, we must not give any treatment to the external manifestations of disease, for these are but "vicarious" and *are not* the disease, and further, greatest weight should be given to the peculiar, striking, uncommon symptoms in the selection of the remedy, and little weight to those which come as a matter of course.

"Characteristics" of the drug or remedy must be well considered, so as to *know* the image of the remedy; while the "individuality" of the patient and his sick condition must also be most carefully studied, in relation to the *way* in which his symptoms are made characteristic by this individuality, thus enabling us to more closely meet the case by the most similar remedy.

I have but few comments to offer on these cases, only wishing to emphasize the importance of carefully individualizing each case, making a thorough study of the patient, of the characteristic symptoms of the diseased life-force, weighing well the "totality," paying least attention to those symptoms that are present (as a matter of course) because of the pathological conditions.

I believe that a marked "characteristic symptom" in the patient may carry in itself a strong image of the totality in his case, *i. e.*, the diseased state of the life-force often expresses the totality in a symptom that contains a "summing up," as it were, of the whole complex of the case, and the drug having in its pathogenesis that symptom as its individual characteristic becomes the simillimum, is individualized by that symptom, and is in accord with the law and a cure results.

Prescribing entirely by characteristics, without a careful investigation into the patient's individuality, as that individuality

is expressed in and through his sick or diseased state, I fear is a frequent cause or excuse for alternation, and certainly favors the habit of routine prescribing, and hence empiricism, therefore unhomœopathic.

Each individuality has its own way of being sick, that is to say, can be sick in no other way. For example: A is suffering from typhoid fever in the only way his organism *could* be sick with that fever; his individuality stamps the disease, and the drug bearing the closest similitude to the image of his sickness becomes, under the law, the simillimum, and will cure, while B, also sick with the same, because of *his* individuality, presents an entirely different complex of symptoms, which in turn requires that remedy that corresponds to the image of B's diseased state as expressed by this individuality.

There is in each plant, drug, or substance a distinct element or essential force that makes it different from all others—the violet cannot be a cabbage, neither can one remedy do the work of another.

Early in my practice I concluded that it was not the matter, molecules, or atoms in the drug nor the quantity given, that produced the phenomena, but the force inherent within them—they were only vehicles, hence it was not a difficult matter for me to prescribe a so-called high potency, and I believe if the medical student, or the doubting Thomases, will discharge from their minds the idea that drug matter is drug force, they will more easily grasp the truth and walk into the light of real homœopathics, and realize that there is a potent force in the infinitesimals.

I would also call your attention to what I believe is needed in our colleges—that is, a better, more careful, and rational teaching of the homœopathic materia medica. How many among you assembled here who acquired their knowledge of this most distinctive, and all-important branch of our school while at college? Memorizing characteristics does not constitute a knowledge of materia medica, and the responsibility resting on the teacher of this branch is of no small proportions. The student will, of course, have his own peculiar personal ideas of

medicine and its objects, and while at school, will pick up much of error and falsity that experience will probably soon remove, but prejudices and false teaching will go far toward making his judgment blind his understanding, and it seems to me, to be the duty of the professor of materia medica to see to it that his students receive only the pure gospel, according to Doctor Samuel Hahnemann and his *Organon of the Healing Art*.

There seems to be a demand for reform, and this reform must begin with the *teachers*. The preceptor has much to do with the growth in his student's mentality, of that student's future *bent* in understanding and interpretation of homœopathies—and also the professors of theory and practice, and materia medica—have much more to do with his methods of homœopathic thought and work than others in the faculty.

The teacher of materia medica should have a large latitude. The field is so broad that too many lectures can scarcely be given—provided those lectures are wise counsels, and careful instructions, pointing to a method of grasping the image of the drug, to get into the way of understanding the homœopathicity of the remedy to the disease; or to recognize the characteristic peculiarities of the patient, and apply the law of cure by also recognizing and applying the simillimum.

Hahnemann has said (*Lesser Writings*): "Medicine is a science of experiences. Its object is to eradicate disease by means of remedies. The knowledge of *remedies* and the knowledge of their employment constitute medicine."

To impart this knowledge is the duty and prerogative of the teacher in college and at the bedside. How *important* that he should do his duty *well*, and in accordance with the teachings of our Hahnemann.

LACERATION OF THE CERVIX UTERI (?) CURED BY HOMŒOPATHIC TREATMENT.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—I send you a case that I have treated strictly in accord with the law of similia. Mrs. —, æt. twenty-four, blond, lively, and temperament motive-mental.

Three years ago, during the birth of her first and only child, had a stellate laceration of the cervix uteri.

She was in Brockport, N. Y., and was under the care of some regular (?) physician. He gave her the best scientific (?) treatment known as he told her. Counsel was called. Local treatment applied, but all of no avail.

She wrote to me and asked my advice about her condition, saying that her physicians said an operation would have to be performed, and wanted to know if I would treat her if she would come to her mother's, which was near my old home. I wrote her that I did not consider an operation necessary to bring about a cure, but that to restore the cervix uteri to anything near normal an operation would be necessary, but only after her other trouble was relieved. She delayed coming a few weeks and arrived while I was in Toronto. She wrote me that she was sleepless and that she had been given sleeping medicine. I sent her from Toronto Nux-v.^{cm}, and told her that I would be home in two weeks.

CASE.—On vaginal examination to find if there was anything wrong with the cervix I found a stellate laceration, os œdematous and eroded, patient pale and anæmic, emaciation marked, face had a yellowish hue. She could walk across the floor only by supporting herself on chairs or table, and then only with difficulty.

Very despondent about her condition and thought herself incurable. Music makes her weep. Sleepless and wakes about three A. M., and cannot go to sleep again. Gets up in the morning feeling worse than when going to bed. Sleepy in the daytime. Weeps at times. If many were around she was very restless. Terrible pains in the left side of the head and left temple which would almost extort cries; < from stooping and noises; > if she could only walk fast, but she is too weak.

Photophobia; light of lamp hurts her eyes. Smell of food does not agree with her, in fact, it nauseates at times. Her clothes are too tight and has to loosen them often after meals. Wants to put the legs up on a chair as they pain her and feel very uncomfortable when on the floor. Bearing-down pain; < standing; < lying or when crossing the legs when standing.

Sexual intercourse could not stand at all, as she had had pain

during and a discharge of blood after. Menses were very profuse and amounted to a menorrhagia which almost killed her, and would continue for two weeks and stop, but exertion often brought it on again. Flow was dark and clotted. Feet cold and clammy up to the ankles. Chill at different times of the day, but most in the forenoon, with thirst. I could find but little more from her about the chill.

I gave her, July 3d, *Sepia*^{1m}, four doses an hour apart. In a few days felt much improved. Then she received some very depressing news. Wants to be alone and weep. Seems like a ball coming up in the throat, and inclined to be obstinate. Gave *Ignat.*^{1m}, one dose.

July 15th, feels much better in every way, but now has sensation as if drops of cold water were falling on the vertex.

At next menstrual period less loss of blood, and feels better in general. Menses lasted about seven days and less profuse, and now she can walk better and does not bring on the flow.

August 12th.—She went home to-day, taking a good stock of Placebo. Feels better in every way.

September 1st.—Writes me that she has had some return of her menstrual trouble. Studying again carefully, I sent her *Sepia*^{50m}, as it seemed still indicated. Has reported several times and received Placebo.

December 20th.—Sent her *Lyc.*^{cm}, one dose, for the following symptoms: Menorrhagia started again. Flow is aggravated every time the bowels move, even if it be a soft stool. Flatulence, has to loosen the clothing, especially after meals, as she feels uncomfortable. Eructations while eating. Flow is clotted like lumps of flesh (*Sang.*). I did not give *Sanguinaria* but *Lyc.*, as it seemed to correspond nearest to her condition, and in a week report came that it had entirely ceased, and she had gained strength, and has never had a return of it.

July 4th, 1892.—One year from beginning treatment she came into my office and apologized for not writing to me as she had agreed, and said: "Here I am as sound as can be, but you have had only half a chance to cure me, as I only wrote to you when I had to."

She has gained in flesh, and is the picture of health. Says

"she feels perfectly well," but on inquiry I find that she has a little headache at times, like a pressure in the forehead. Aversion to coitus, no enjoyment during, but instead pain, as vagina seems dry. *Natr-m.*^{1m}, four doses.

August 10th.—Reports that these last symptoms are better, and no return of menstrual difficulty from the lacerated cervix.

My reason for presenting this case in detail is that even the homœopathic teachers on this subject say an operation must be performed, and we must not promise to relieve the symptoms under six months.

Here is a case, a clear-cut picture to be sure, but the relief was prompt, and no operation has been performed, although I have advised her to have it to restore the cervix, as I am sure no medicine will overcome a solution of continuity like that. She says: "She is satisfied, as she is, as she fully expected to be under the green grass long ere this."

In this case undoubtedly any tyro could have diagnosed the pathological lesion, and any homœopath worthy of the name would have said that *Sepia* was the remedy, but as almost every professor of gynæcology in this wide land would have said operate, this woman would have been operated on and a brilliant result, if any had been obtained, would have been attributed to the operation, even though *Sepia* had been given. Poor old *Sepia* would have been left out in the cold with no credit for her work. Her work would have been explained away, as a patient did the action of *Anthrac.* in carbuncle by saying to his physician, "I never saw anything bring anything to a head like that cold water that you told me to apply," when inside of twenty-four hours a blue carbuncle ceased paining and discharged its contents spontaneously. But had *Sepia* been called in play by the operator he would in all probability used the 3x, as the material mind could not see farther than that.

I am not satisfied with the result, because I have an idea that had I given *Sepia* higher in the start, say 50M or MM, I would never had to repeat it. In conclusion, I shall say that not all cases are as clear as this, but if we only study our cases more carefully and prove our remedies better we can relieve more of

the ills the human flesh is heir to than we can with scissors, scalpel, bistoury, and suture.

There was no local application used at any time for the leucorrhœa, which I forgot to mention was very profuse—thick, yellowish green.

A. QUACKENBUSH, M. D.

BUFFALO, N. Y., August 17th, 1892.

NOSODE CASES.

J. T. TAPLEY, STUDENT, MARYSVILLE, CAL.

CASE I.—Miss N. B., a beautiful girl, aged thirteen, was dangerously ill with diphtheria. The two attending physicians—an allopath and an eclectic—were so sure that she was dying that they did not hesitate to express that opinion to several acquaintances of the writer. The priest had administered the last rites of the Church. The grief-stricken parents, who had only the day before buried a beloved son, a valued young man, aged twenty-one years, he having died of the same terrible disease, had given up all hope. At midnight when the feet and limbs and ears were cold and clammy, when it seemed to those who were watching at the bedside that life was fast ebbing away, the father placed in the mouth a powder of Diphtherinum^{em}. In less than ten minutes the patient was sleeping. She slept for four hours and when she awakened she called for food. In about ten days she was about the house. There remained an affection of the eyes and a paralytic condition of the vocal chords and of the lower extremities. Bell.^{3x} given by the mother cured her throat and eye symptoms in forty-eight hours, notwithstanding one of the wise doctors said that she would become idiotic and would never be able to talk. Secale-cor.^{co}, a few doses, were given for the “sensation as if she had no feet.” After the remedy she could walk without support but quite frequently the ankles would turn under her and she would fall to the floor. Another picture of the case seemed to point to Gels., which was given, a single dose of the CM, dry on the tongue. Improvement set in and continued. To-day, fifteen months later, she is a blooming young lady without a symptom.

CASE II.—Lizzie B., a sister, aged eight years. Mother said she had been getting sick for two or three weeks. She was pale, languid, no appetite. Did not sleep well and had to be taken from school. There was a defective sewer in front of the house. She was given a single dose of Pyrogen^{cm} (Swan), dry, on the tongue, and the way she picked up was astonishing. She needed no more medicine.

CASE III.—Mr. Lumbard. Had an eruption on the right leg. He barked his shin two years ago and the wound refused to heal. In one year's time it had spread from the knee to his instep and was just such a case as was reported by Dr. Ruffe on page 299, of the April number of the *Advance*. One day the writer was asked by the patient, who was a personal friend, if Homœopathy could do anything for him. He was told that if he used local applications and suppressed the eruption, it would probably kill him sooner or later. I then noted down all the symptoms I could get, and gave him a dose of Sul.^{50m} (Fincke). As he could see no change after three weeks, he got Psorin.⁵⁰⁰ (B. & T.) one dose, and as that seemed not to affect the eruption one way or the other after prudent waiting, I took another photo and gave Graph.^{50m} (Fincke) in divided dose, and it was like so much water on a duck's back. Now it is quite possible that one of these remedies might have cured this case if it had been properly handled and the right remedy given in the right potency. I will say in this connection that the remedies given were genuine potencies. Of that there is no possible doubt. Three weeks after the last dose and two months after the first dose of Sul., I obtained some of the scab and a few drops of the blood from the worst part of the sore, and sent it in alcohol to Dr. Swan to be potentized. When the remedy was returned the patient got a divided dose of the DMM. As no change was admitted after six days, a dose of the CMM was given; one dose in six spoonfuls of water, one every two hours. Improvement was then marked, but it seemed to last only about ten days. I waited a week, thinking it would again set in, but as it did not, I gave a dose of Pyrogen^{cm} (Swan), dry, on the tongue. Again improvement set in, and continued for six weeks. Then another

dose of the CMM of the morbose product was given in water, and that is all the medicine he got.

The improvement continued with occasional "let ups" until no sign of the eruption remained, two months after the last dose. A brother of this patient has had a similar eruption on his leg for many years.

CASE IV.—Dr. R——, our homœopathic physician, had been treating a young lady suffering with diphtheria in a neighboring town. He told the writer that it was the worst case he had ever seen, and that he believed she would die. He had been giving Phyto, Merc., Peroxide of Hydrogen, Carb-v., etc.

He was given some Diphtherinum^{cm}, which he gave to the patient, and she got well right away. The regular (?) who was also looking after the case wanted some of the remedy to have it analyzed, and he is now reading up Homœopathy. This patient died six weeks later of remittent fever.

Two doses of Medorrh^{50m} brought back a profuse, yellow, stinking discharge on a young man who had his "clap" suppressed, seven years after. If necessary, he will take a dose prepared from the same discharge and results will be reported.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

III—Repertory.

SIDES, GENERAL SYMPTOMS BACK AND NECK.

ERECTHITES^{10M}.

Pain and soreness across the small of the back.

(SAPO-CAST) 10th decimal.

Frequent sensations commenced like an electric shock from small of back, ran up the spine to the head and thence to epigastrium; chilly in the back with tired and sore feeling there.

ARSENIC^{6M}.

Dorsum painful ; soreness and pain across buttocks, extending into head and right shoulder, and whole right side feels as if swollen.

Fainty ; great weakness ; giddy ; dizzy. Compelled to lie down frequently, so weak.

PLANTAGO-MINOR¹¹⁰.

Burning pain across the buttocks, often verified.

MURIATIC-ACID^{5C}.

Wants to lie abed most of the day, so tired.

WOORARI^{90M}.

Her lips appear to get blue, accompanied with fever, which comes and goes.

SULPH-AC.^{5C}.

Feels tired and exhausted ; soreness between the scapulæ.

SAPO-SODA^{2C}.

All her joints ache ; stiff and aching from head to foot.

WISTERIA^{5C}.

Sudden and severe sharp pain across the small of the back on both sides of it ; never had this before, couldn't stoop, pain would seize her so quickly.

PSORINUM^{42M}.

Severe pain at the right side opposite tenth rib.

SENEGA^{5C}.

She has to press in at her left side over tenth rib to find relief it hurts her so ; gnawing pain relieved by deep, continued pressure.

SANGUINARIA^{24M}.

Soreness down the muscles of his back ; feels it mostly on breathing ; pain shifts about.

TEREBINTH.^{17M}.

Sharp pain in small of the back ; lumbar region.

ADEPS.^{1M}.

Acute pain between last bone of lumbar vertebræ and sacrum.

AGARICUS-MUSC.^{47M}.

General muscular stiffness ; back of neck mostly affected.

APOCYNUM-CANN.^{6M}.

General stiffness of the legs and body ; bends his body with great difficulty.

ARANEA-DIAD.^{45M}.

Her back is so painful she cannot sleep well because of it, hurts her continually.

Felt very tired ; feels as if she would drop after very little exertion.

ARSENIC.^{6M}.

Sensation of fainting caused in many provers ; symptoms more marked when out in the air.

AURUM-MUR.^{5M}.

General severe backache.

BELL.^{101M}.

Soreness in region of liver and above the epigastrium.

BURSA-PASTORIS.^{9M}.

General bruised feeling throughout the body.

CANCER-ASTAC.^{5C}.

Nervous movements all over his body.

CIMICIFUGA-RAC.^{95M}.

Backache mostly in the small of the back, across the loins.

CORNUS-FLORIDA^{45M}.

Very severe aching pain on both sides of the waist line.

Pains run up the left side of the trunk like the shock from a battery ; pains cause violent contraction of the body.

Cramps from the side of the waist extending toward the ovary.

COCHLEARIA-ARMORA^{10M}.

Severe contractive sensation in left iliac region.

CUPRUM-ACET.^{45M}.

Sensation on the fourth day as if the top of her sacrum was injured ; backache referred to upper part of the sacrum in several provers.

DIGITALIS-PURP.^{CM}.

Produced throbbing in every part of the body, aggravated by pressure ; frequent painless watery stools.

ERECHTHITES-HIERA^{10M}.

Stitches in the middle of the back ; cold feelings in back and legs.

EUPATORIUM-PERFOL.^{CM}.

Pains all over him, somewhat similar to muscular rheumatism.

FORMICA-RUFA^{45M}.

Tired feeling referred to his back ; felt slightly giddy.

HYPERICUM-PERF.^{45M}.

Flesh sore and bruised all over the body. This symptom occurred in all the provers, and was not long lasting.

KALI-CARB.^{24M}.

Violent pain in the *small of the back* ; wants the back pressed, because it brings relief ; bearing-down sensation in the pelvis.

LACH.^{CM}.

Rolling from side to side in bed, can't stop it ; complete or uncontrollable restlessness ; desire to be in the open air ; sensation of constriction about the throat.

LINARIA-VULG.^{2C}.

Fainty feeling three or four times daily ; *fainted completely* away once. This never happened before, prover was however weakly. Produced *fainting* in another case ; man otherwise in fair health, no other severe symptom ; free and frequent urination.

MERC.-VIV.^{101M}.

Sore, bruised sensation all over the body ; pains shoot about in various parts ; can't bear the least noise ; loins pain him ; aching from head to foot ; left side of throat sore, tonsil sensitive.

JASPIS^{2C}.

Aching in region of kidneys ; slight dyspeptic symptoms ; eructations ; distress at the epigastrium.

MERC.-IOD.^{2C}.

Feels as if generally bruised ; dryness of throat with soreness ; constant disposition to swallow ; pytalism.

ARSENIC^{6M}.

As soon as he makes an effort to move, he feels very weak ; when lying down this passes away ; nausea ; sleeplessness and anxiety.

NITRIC-ACID^{5C}.

Soreness across both buttocks.

PHOSPHORUS^{CM}.

Nervous, excitable ; backache ; burning sensation in the throat and stomach ; pains in the right side of the small of the back, mostly.

PHYTOLACCA-DECAN.^{47M}.

Pain and soreness across kidneys, felt mostly on deep pressure, and extending to buttocks as well ; dull pain across forehead ; can't stand in morning ; feels wretched on getting up ; aching from shoulders to hips.

PLANTAGO-MIN.^{11C}.

Pain in his back ; severe burning pain across her buttocks ; thinks she ought to raise herself out of bed to be relieved ; twitching of the muscles of the extremities generally.

RATANHIA.

Feels very weak ; confused mentally, even while doing simplest things.

UVA-URSI^{10M}.

Slight symptoms of cold in the head ; general muscular soreness as if bruised ; soreness in the chest walls.

MERC-CORR.^{5C}.

Feeling of exhaustion ; left side mostly affected ; has not strength to work ; soreness at the waist ; left side mostly.

RHUS-TOX.^{105M}.

Caused rheumatic pains ; produced such intolerable itching all over the body that it was nearly unbearable ; constantly rubbing and scratching to relieve the general itching of the skin ; skin reddens on the least rubbing, and disposed to raise in welts.

SAMBUCUS-NIG.^{45M}.

Soreness and aching in the muscles generally.

SARRACENIA-PURP.^{2M}.

Feeling of great weakness and soreness between the shoulders and below them.

STRONTIA-CARB.^{5C}.

Chilly, creepy sensations about the small of her back, which is slightly sensitive and painful.

MERC-VIR.^{101M}.

Aching in the lower extremities, at the waist and small of the back.

NOTES AND NOTICES.

A REPERTORY TO THE MALE SEXUAL ORGANS, compiled by Dr. F. G. Ohme, of Rosenberg, Oregon, appears in the October number of *The New York Medical Times* at page 197. It is valuable as far as it goes, and we cordially recommend it to our readers. The author might expand it to the size of a book and so add to the number of valuable monographs that have assisted homœopathic physicians in the difficult task of selecting the simillimum. Even the amount now published might, with propriety, be reprinted in pamphlet form for the convenience of practitioners, who would thus be able to make every-day use of it.

CHILDHOOD, a new magazine for parents about children, edited by Dr. Geo. Wm. Winterburn and Mrs. Florence Hull, the first number containing articles by Julian Hawthorne, Helen Campbell, Felix L. Oswald, Emma Marwedel, Rev. A. D. Mayo, Maria Louise Pool, Olive Thorne Miller, Mae St. John Bramhall, Moncure D. Conway, and other prominent writers will be issued November 25th. This magazine is intended to be a help and a guide to parents and teachers who desire to do the best possible for their children. It is *not* a medical magazine, but everything that concerns the welfare of the child will be duly considered. One dollar a year, ten cents a number. New York: A. L. Chatterton & Co., 78 Maiden Lane.

OUR DUMB ANIMALS, published at 19 Milk Street, Boston, by George T. Angell. Price, fifty cents a year. In the October number of this most useful publication is announced a number of prizes offered for the best essay on "The Effect of Humane Education in the Prevention of Crime." These prizes aggregate seven hundred dollars in cash. Send for sample copy.

DR. R. B. LEACH, of Paris, Texas, believes that the ravages of cholera can be prevented by the administration of Arsenic in the form of an inoculation; that it is in fact its vaccine. Accordingly he has written an open letter to the President of the United States urging upon his attention this plan of battling with cholera. He proposed to use ivory points charged with one-thirtieth of a grain of white Arsenic or hypodermic injections of from two to ten minims Fowler's or Pearson's Solution. This letter has been printed for public circulation.

DR. T. F. BLANKE has removed his residence to 2550 A, St. Louis Avenue, and his office to 2730 Jefferson Avenue, St. Louis, Missouri.

DR. T. L. HAZARD has removed from Anamosa, Iowa, to Iowa City, where he will take the practice of Dr. Cowperthwaite, who has located in Chicago.

DR. BENDER has removed his office and residence to Exeter Chambers, corner Exeter and Blagden Streets, next to Copley Square Hotel, Boston, Mass.

DR. JOSEPH T. O'CONNOR, editor of *The North American Journal of Homœopathy*, has removed to No. 18 West 43d Street, New York.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XII.

DECEMBER, 1892.

No. 12.

EDITORIAL.

THE END OF THE YEAR.—With the present number THE HOMŒOPATHIC PHYSICIAN ends the twelfth year of its existence. In all that time it has never swerved from the plain principles of Hahnemann. This assertion has been repeatedly made in these pages as each year draws to its close. But as new subscribers are continually coming forward to peruse its pages, for the benefit of such we repeat the statement.

Agreeably to our expectations, THE HOMŒOPATHIC PHYSICIAN has been cordially sustained by the profession during the past year. In evidence of this, to it has been confided the publication of the transactions of the International Hahnemannian Association. These are now appearing in its pages, and the profession can form an excellent idea of the exceedingly interesting character of the sessions, held at Narragansett Pier in June last.

For the good-will thus manifested the editor extends his warmest thanks, and announces the continuance of the journal during the new year on exactly the same principles as in the past.

Every subscriber should now come to the assistance of the editor by inducing some friend to subscribe, and by contributing articles for its pages that will instruct the beginner and confirm the faith of the wavering.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

FRAGMENTARY PROVING OF POTASSIUM CHLORATE.

E. RUSHMORE, M. D., PLAINFIELD, N. J.

Miss —, brunette, short, æt. about fifty, had goitre in early life, which disappeared under the application of Iodine. Some time afterward a fibroid tumor of the womb appeared, subperitoneal as diagnosticated many years ago. It still remains. Under the advice of friends, non-medical, she was induced to take the Potassium Chlorate, crude, dissolved in water in daily doses. When coming to me lately for treatment she reported the following as the effects of the drug she had taken :

Increased moral irritability. Felt dreadfully dull and stupid.

Dizzy on stooping and rising.

Slight headache over the eyes.

Objects appeared double, beside each other.

Face swelled so she could hardly see on rising in the morning.

Smarting of the tongue. It took away her desire for acids.

Diminished appetite.

Much commotion and flatulence in the abdomen.

Increased urine.

Dreams worse, terrible, of things never thought of.

General coolness ; shivering on cold days ; seemed as if it cooled off her blood.

Clumsiness. General bloated feeling.

A SILICA SYMPTOM VERIFIED.

E. RUSHMORE, M. D., PLAINFIELD, N. J.

A lady with a scirrhus tumor of the left mamma being referred to me for treatment, I found among other symptoms, this peculiar one : dryness felt in the tips of the fingers as if made of paper, at night. She was also subject to sharp stinging pains in the tumor. The symptom of the finger tips was

found only under Ant-t. and Silica ; occurring in the afternoon under Silica only. It proved a decisive and trustworthy indication, as the first dose of Silica removed the dryness and she spoke of the Silica as also acting like a charm on the pain in the breast.

VERIFICATIONS OF MEDORRHINUM.

J. H. ALLEN, M. D., LOGANSPOUT, IND.

Mind.—Forgetful, cannot remember the least thing any length of time ; writes everything down of any importance ; cannot trust herself to remember it ; great irritability and disgust with life.

Head.—Severe pain at the base of the brain, running to the vertex, in two cases suffering from retroflexion.

Nose.—Nose stopped up, cannot breathe through it in the morning ; snuffles in children not relieved by other remedies.

Urinary Organs.—Frequent urination with slight burning at the meatus ; dull heavy ache in the region of the prostate, marked in two cases ; very sore in perineum extending to rectum, frænum red and swollen in three cases. Red vesicles on the glans penis that have a burning itching sensation, very irritable. Four cases cured.

Female urinary organs :

Urinate every half-hour ; urgent, can't wait a moment, worse at or during the menstrual period.

Ovaries :

Sharp shooting pains like knives, much soreness and tenderness to pressure—the slightest pressure causes her to suffer pains for hours, bearing-down sensation, especially in the left ovary, relieved by pressing up on abdomen (like Lill.) ; pains run from left ovary to uterus.

Uterus.—Subinvolted, sensitive to slightest pressure, a sensitive spot above and to the right of the cervix in six cases.

Leucorrhœa.—Thin, acrid, producing severe pruritis, itching intolerable, worse by rubbing (like Coffea), also better by bath-

ing frequently with tepid water ; it has odor of decayed fish ; sharp pains run from uterus to rectum.

Rectum.—Sycosis of the rectum, seven cases, three in women and four in men, thin ichorous discharge from rectum, producing very intense itching and burning, which prevents sleep, worse the first part of the night, one case in a man had to use Opium suppositories in order to sleep. The rectal discharge in one case produced blisters on healthy flesh where it touched ; there is also a full, stuffed feeling in the rectum.

Throat and Lungs.—Takes cold at the slightest exposure, begins in the head and goes down on the lungs ; severe burning in the base of the tongue, extending down the bronchii as if he had inhaled hot steam ; worse in the morning, a raw feeling extending from throat to lungs as if the mucous membrane was scraped with a knife ; aggravated by breathing cold air, sensation as if the lungs were stuffed with cotton. Expectoration greenish yellow, catarrhal cold of the head with burning of septum of the nose to bronchii, complete loss of taste and smell—cannot taste tobacco.

Gonorrhæal Rheumatism.—Of the wrists and ankles with complete loss of power in the part affected. If in the ankle, was unable to walk ; if in the wrist, it had to be carried in a sling.

DISCUSSION.

Dr. Tompkins—In how many of those cases did you suspect a history of gonorrhœa ?

Dr. J. H. Allen—In all of them.

NOTE.—An excellent proving of Medorrhinum may be found in Hering's *Guiding Symptoms*, Vol. VII, pages 292 to 324. The symptoms brought out by Dr. Allen in the foregoing paper are the more valuable because they confirm so many of the symptoms given in the proving. The nosodes must become our most valuable allies in the treatment of disease when they are thoroughly proved and the symptoms confirmed by clinical observation.—EDITOR.

CEREUS BONPLANDII.

J. H. FITCH, M. D., NEW SCOTLAND, N. Y.

Mind and Disposition.—An agreeable, tranquil state and frame of mind and body (first day, evening).

Mind perfectly composed.

Feel better when engaged at something or occupied.

Desire to be at useful work, desire to be busy (second day).

Desire to be employed.

Praying or disposition to be at prayer.

Ill at ease.

Restless (third day).

Doesn't know what to do with one's self.

Feels a strong desire to give away something very necessary for him to keep or have.

Feeling irritable (on rising).

Cannot keep himself employed at anything.

Very much disturbed in mind.

Passes the time in useless occupation (fourth day).

Very irritable; acts impulsively.

Spends the whole forenoon uselessly.

Difficulty in becoming devotional (at church).

Finds it easy to become devotional.

Feels well late in the evening (seventh day).

Thinks he is under a powerful influence.

Sensorium.—Vertigo followed by nausea.

Swimming of the head (sixth day).

Head.—Decidedly painful drawing sensation in the occiput, soon subsiding (first day).

Painful stunning feeling in the right frontal bone.

Pressive pain from without inward in the occiput high up on walking.

Slight painful pressure in the right occiput from behind forward (second day).

Disagreeable feeling in occiput, running down over the neck, followed by a slight qualmishness.

Slight heavy feeling in the top of the forehead.

Headache occipital, continued for a quarter of an hour.

Sensation, as if something hard like a board were bound against the back of the head, felt more especially on left side.

Head feels drawn to the left backward.

Pain in occiput running through lobes of the cerebrum.

Pain running from left ear through the head to left ear and right parietal bone.

Pain commencing in the medulla oblongata and running upward and expanding to the surface of the brain, worse on stooping or bending forward.

Pain along right external angular process of frontal bone.

Pain through or across the brain from left to right.

Feeling as of being pressed at left occiput and immediately thereafter a counter pain in left frontal bone, the latter continuing a minute or two.

Pain from left occiput verging around left parietal bone.

Pain through occiput.

Pain in right forehead (third day).

Pain in anterior portion of brain and extending in a backward direction.

Tenderness at the point of exit of the left supra-orbital nerve.

Pain in occiput (high up).

Occipital pain (fifth day).

Bad feeling, head (third day).

Eyes.—Pain over right eye, passing down over globe (first day).

Nauseated feeling commencing in throat, passing to stomach simultaneous with a congested feeling in both eyes.

Pain in orbits, running from before backward.

Pain in left eyelids when stooping low (second day).

On closing the eyes perception of a cluster of round-shaped, symmetrical orange-colored spots.

Swimming eyes.

Capillary congestion of the conjunctiva.

Severe photophobia, producing a sticking pain through eyes.

Sore feeling through eyes as if exposed to strong sunlight.

Pain through globe of right eye.

Pain in the globe of left eye.

Nose.—Greenish (pale) mucus discharged from nostril.

Accumulation of mucus in nose as in nasal catarrh.

Stinging in nose, more especially right side.

Stinging in right nostril.

Sneezing.

Hardened mucus in left nostril.

Face.—Pain along right malar bone running to temple.

Looks haggard.

Yellowish face or countenance.

Mouth, etc.—Saliva in mouth when swallowed of no unpleasant taste (first day).

Feeling of coldness in the mouth (second day).

Feeling as of having eaten something tasting alkaline.

Water in the mouth.

Metallic taste in the mouth.

Watery saliva in the mouth (not disagreeable).

Slight metallic taste, feels as if having eaten something of a metallic taste.

Taste of green vegetables.

Watery taste.

Sensation as of a thread of mucus on the tongue.

Insipid, watery taste (third day).

Fetid breath (noticed by myself) (fourth day).

Fetid breath noticed by others (fifth day).

Tongue looks frothy (sixth day).

Tongue of a purplish red hue.

Tongue feels rough.

Throat.—Mucus adherent to the hard palate easily removed (first day).

Mucus in pharynx easily detached (second day).

Mucus in larynx easily detached.

Scraping of mucus, which seems to adhere to left side of pharynx.

Persistent accumulation of mucus in the pharynx, continually

and recurring in considerable quantities and of a pale-green color.

Mucus easily expectorated or cleared from the throat.

Clearing of hard palate of mucus.

Stomach, Appetite, etc.—Dry eructations (second day).

Thirstlessness.

Appetite diminished; ate very light breakfast (third day).

Relish for sweet things.

Abdomen, Stool, etc.—Slight rumbling in bowels, left side (first day).

Nearly or quite inefficient effort to evacuate bowels.

Fetid flatus passed from bowels.

Slight pain in epigastrium, coming and going at intervals of a few minutes.

Slightly painful sensation in epigastrium (second day).

Passed stool not easy, not sufficient at 6 A. M. (third day).

Natural stool at 6 A. M. (sixth day).

Urine and Urinary Organs.—Inclination to pass urine (first day).

Urine of a slightly brownish tinge (second day).

Urine smells strongly after a few minutes.

Yellowish urine.

Urine less than half usual quantity.

Urine normal.

Urine clear, small in quantity.

Urination frequent (at 4 P. M.) (second day).

Amelioration after urination.

Passed a small quantity saturated yellowish urine.

Sexual.—Slight increase of sexual desire.

Anæsthesia and dwindling of the sexual organs.

Kidneys.—Slight pain of a sticking character in right kidney (second day).

Pain in left kidney, long continued, as from the presence of a renal calculus.

Pain in left abdomen sharp and cutting, as from a calculus impacted in the ureter.

Slight pain in right kidney repeated after an interval (third day).

Sticking pain in right ureter.

More severe sticking pain in right kidney.

Soreness on external pressure over right kidney.

Pain on stooping, bending over in right kidney.

Pain in left kidney (fifth day).

Chest, Heart, etc.—Deep inspiration as if tired, although experiencing no fatigue whatever (second day).

Feels as if pained or oppressed at chest.

Slightly painful sensation at left chest, region of the heart.

Deep inspiration.

At intervals deep inspiration, as if the chest were laboring under an oppression hardly definable.

Slight feeling of oppression, or a weakness in the chest with the deep inspiration.

Tendency to expand the chest automatically and rhythmically, recurring very frequently.

The chest expands itself to its utmost capacity seemingly, and in an instant collapses, the same process to be repeated.

Respiration measured, no interval between inspiration and expiration.

Sensation of uneasiness extending to lumbar region on deep inspiration (described above).

Slightly pricking sensation of pain in the heart.

Sighing respiration (very frequent) (fourth day).

Tenderness of the anterior lower left intercostal muscles below the heart (third day).

Pain in chest and through heart, with pain running toward spleen, the latter momentarily, the former (heart pain) continuing.

Pain in left great pectoral muscle, worse toward the tendon.

Sighing respiration, noticed many times (fifth day).

Coughing on throwing off outer garments.

Somewhat persistent pains in the cartilages of the left lower ribs.

Long, deep, uneasy respiration, felt more acutely (sixth day).

The chest acts automatically, not according to will or whim.

Chest feels empty.

Pain at heart.

Pulse dicrotic, and several intermissions noticed within a minute (after rising 6 A. M.).

Deep inspiration and expiration, chest is emptied quickly.

Sensation as of a great stone laid upon the heart.

Sensation (soon after) as if the thoracic wall anterior to heart were broken out or torn away.

Pulse sharp.

Desire to remove clothing from chest.

Pain in chest and both arms.

Neck, Back, etc.—Painful sensation in the sides of the neck, left, at mastoid or below it, continuing longer than on right side.

Pain in left neck behind mastoid process, running backward and upward.

Pain through right shoulder blade (scapula).

Dorsal vertebræ feel painful (third day).

Tenderness along spines of cervical and upper dorsal vertebræ (fourth day).

Pain in muscles of thorax midway between scapula and sacrum (sixth day).

Pain on pressure of muscles of left side of the neck.

Back lame on stooping.

Pain in right scapula.

Pain in neck.

Pain in left side above and along clavicle.

Fatigue in lumbar region on riding.

Upper Extremities.—Tired feeling in both arms (second day).

Drawing pain in index finger of both hands.

Pain in both upper arms.

Pain running across inner side of left arm, felt longest at bend of the elbow.

Pain in left shoulder like that produced by carrying a heavy load.

Pain running along the back down to the arms.

Dull pain in left elbow and forearm.

Pain with numbness in left forearm, ulnar side (third day).

Pain along inner side of right upper arm.

Pain with numbness of right arm while writing.

Pain in metacarpal bone of right thumb.

Pain (very noticeable) in metacarpal phalangeal joint of right hand.

Lameness in right forearm above wrist.

Drawing from end of right thumb upward, pain quite constant.

Considerable soreness on contact of anterior muscles of right arm.

Pain on ulnar side of left carpo-metacarpal joint (fourth day).

Pain in external border of left elbow joint.

Pain at and back of left shoulder joint.

Lameness of left little finger.

Pain over ulna posteriorly.

Pain above wrist.

Tenderness of the flexor muscles of both upper arms.

Pain in right ring finger at 3 P. M. and repeated (fifth day).

Pain at junction of second and third phalanx (last joint) of left index finger.

Pain in dorsum of right hand.

Pain in left forearm.

Pain in both arms and chest.

Pain about the coracoid process of right shoulder.

Pain in third phalanx of left index finger.

Pain in right little finger running through bone.

Pain in right ring finger.

Pain in right wrist.

Pain in first and second metacarpal bones (sixth day) of right hand.

Pain in the dorsum of left hand.

Pain in left little finger.

Pain on back of left wrist, running to forearm.

Pain in the anterior muscles of upper arm.

Lower Extremities.—Pain in right knee (second day).

Pain through right hip (fifth day).

Pain in right great trochanter.

Pain on the inner side of left knee (repeated).

Pain on left knee, inner and lower border.

Pain in both knees.

Pain in both knees on rising.

Pain in hamstring tendons of left thigh.

Pain in right hip (sixth day).

Pain in head of the right thigh bone.

Pain in right patella, very sore, difficult to touch without very considerable pain.

Pain above right external malleolus.

Pressing or pressive feeling beginning at the sacrum and running down through both thighs down to feet.

Pain in different joints of the lower extremities.

Skin.—Itching of the nose (second day).

Itching on various parts of the body (general itching) (third day).

Itching pustule of face near right ala of nose.

Itching of the right popliteal space, with roughness of the skin (fifth day).

Profuse shedding of the hair on combing the head.

Itching with roughness of the skin of a spot a few inches square above left knee.

Itching of a spot a few inches below left scapula, with a condition of the skin like eczema periodically.

Sleep.—Not sleeping late at night.

Not sleeping at 11 P. M., mind disturbed (fourth day).

Dreamed of dogs (fifth day).

Dream of a fracas which caused great excitement in the dreamer.

Drowsiness at 11 P. M. (sixth day).

Drowsiness (third day).

Slept pretty well (fifth day).

Awakes at 5 A. M. (sixth day).

Awakes at 9 A. M. (seventh day, Sunday).

Recurrence of old dreams of years ago.

Yawning (second day).

Generalities.—Feeling miserably on retiring.

Throws himself on bed without undressing.

Great yawning fit (third day).

Feels not pleasant.

Feels half sick.

Very dull in the morning, all morning.

Feels very badly, has an ill-defined bad feeling in the evening and at night.

Easily chilled in a room ; better on disrobing for bed.

Alternation of symptoms of mind and bodily pains. When pains of the body are noticed, symptoms affecting the mind are suspended. The mind loses its characteristics, is clear, and one feels better.

REMARKS.

In looking over the above proving we find a number of illustrations of the alternate action of the drug. But perhaps what strikes the reader most forcibly is the way the symptoms follow Reuter's series. The most prominent symptoms early developed, catarrhal and gastric, have come and gone within three or four days, while those affecting the chest, heart, sensorium, eyes, brain, and nerves are more slowly developed, and are the ones that persist. Another thing to be noticed is the long duration of its action. The high-water mark in regard to its action was not reached (I mean its action on the nervous system) until nearly ten days after discontinuing to take it. It is an *anti-psoric* of remarkable power. Some skin symptoms developed by it persisted off and on for years, two or three of which I will mention. "Itching of the right popliteal space," this after continuing for eight or nine years disappeared. I think some Sepia^{lm} I took had something to do with its disappearance. Another: "Itching with roughness of the skin, like eczema, above the left knee anteriorly." This still persists. I still have "Itching, with an eruption resembling at times herpes zoster below the left scapula." This is still present, although annoying, I have done nothing to cause its disappearance.

In regard to *verifications* I could report a goodly number. One of the first I ever had was a case of eczema of both hands, extending as far as the elbows. Cured in six weeks. The provings point in the direction of kidney troubles, and I have seen it speedily cause the disappearance of deposits in the urine that were giving much inconvenience. In a case of dropsy of cardiac and renal origin (albuminuria) in which there was great

œdema, cured in two or three weeks. Sleeplessness, peculiar in its nature, corresponding to the proving, is relieved by it. Inter-costal neuralgia, especially on left side. Anterior crural neuralgia, an aggravated case, promptly relieved. I need not say that the symptoms strongly point to rheumatism. I could say much on that part of the subject, and there is the sphere in which it has seemed to have been useful by the professional friend to whom I have furnished the medicine for trial. In a monograph by Dr. R. E. Kunge, of New York, and the writer, I ventured the prediction that *Cereus Bonplandii* would prove of value in the treatment of insanity. I send you the report of two cases. I have one other still under treatment. A patient for fourteen years in the Middletown Insane Hospital, improving, called to see Ida Reamer, a young woman of eighteen, living in New Scotland, on what is called the Heldeberg Mountain or hill, on the evening of April 19th, 1884. For some time previously she had been living with a relative in Albany, attending school and assisting in household labor. Had studied hard and probably over-exerted her strength. Her friends noticing that she was not her former self, and that though usually amiable and cheerful, she had become gloomy and taciturn, brought her home. Rest did her no good, and I was called after she had been home for some time. On my visit I noticed she would not answer questions; was wandering aimlessly about the house; could not sit still, if seated, more than a few minutes. During my visit I think she changed her position a dozen or fifteen times. She would go to the water pail and get a drink, then in a minute or two would get up and go to the door. After standing a minute or two she would come in and sit down, only to rise up and repeat her restless wanderings. I could elicit nothing from the mother of anything wrong in regard to the menstrual function. Prescribed *Cereus Bonplandii*, fourth decimal. Did not call again, but was informed by her friend that she soon regained her health. Was requested to call again to see Ida R. on November 29th of the same year. This time there was considerable mental disturbance; she had attended some entertainment which she had considered of a questionable nature, and had been worrying over it. Although living out at

service, it did not appear that she had overworked. I found her sitting still; she would sit for hours. If any one disturbed her she would curse, swear, throw boots and shoes or anything that came in her way, resisted attempts made by her friends to remove her to her home. Prescribed Cer-bon.⁴ Saw her December 3d, 7th, 10th, at the end of which time she was entirely free from any mental manifestations, and although under observation, has never experienced a return of them to the present date.

In the summer of 1879 was consulted in the case of Mrs. D. V. afflicted with melancholia for a year or two. The disease had appeared just subsequent to her confinement with her last child. Prescribed wholesome advice in regard to mode of life, etc., and very little medicine. In a few months she was apparently as well as ever. June 5th, 1884, was called to see Mrs. D. V. She had quite recently given birth to a child, and was developing delusions, most of which were those of a spiritual nature. She thought she had committed the unpardonable sin, or that she had offended some of her friends, and was constantly worrying. Appetite very poor. Prescribed Cer-bon.⁴, gave her nourishing diet with Maltine and Pepsin to assist digestion. On July 11th she was about the house attending to her household duties.

Adjourned to 8 P. M.

Second Day—Evening Session.

Wednesday, June 22d, 8 P. M.

BUREAU OF SURGERY.

T. M. DILLINGHAM, M. D., *Chairman.*

THREE SURGICAL CASES.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

INGROWING TOE-NAILS.

I. October 10th, 1889.—Mr. L., a printer, aged twenty years. Ingrowing nail on the right large toe.

The toe is swollen and ulcerating around the margin of the nail.

All the nails of hands and feet are thick and brittle.

The skin on the hands is very dry. In cold weather the skin of the hands cracks so deeply as to bleed.

Slight injuries of the skin ulcerate a long time.

The sweat of the feet is profuse and offensive. *Rx One dose Graph.*²⁰⁰.

October 24th.—The toe is healed. It has given him no trouble since, although it had been an annoyance for several years previous to the prescription. It is useless to state that his general condition was also improved.

II. November 12th, 1890.—Miss N., a superannuated school teacher, aged seventy-seven years, tall and slender, applied for surgical relief from ingrowing nails on both feet. She has been unable to wear shoes for several months, and in consequence has not ventured upon the street. The nails of the toes are thick and look like horns. There is redness and inflammation about the margins of even those nails which are not ingrowing. *Rx. One dose Magnes-p. Aus.*^{20m} (*F.*).

November 19th.—The redness about the margin of the nails is gone, some soreness, however, still remains. *No medicine.*

December 11th.—The soreness is entirely gone. She has had no trouble from the nails since that time.

FISTULA ANI.

III. September 22d, 1890, Mr. S., a lawyer, unmarried, aged forty-seven years, of a studious, sedentary habit, with black eyes, black curly hair and clear white skin, consulted me regarding an anal fistula. He would not permit the doctors to cut it open, as they wished to do. He had therefore suffered on without treatment, steadily growing worse for several years. He came to me "because he thought I was less fond of using the knife than were the allopathic doctors." And as he said, "Something must be done or he would soon be unable to carry on his professional work."

The condition is thus described :

At the right of the anus is a swelling in the form of an ellipse, with diameters of one and two inches, containing fluid. This

is quite sore and becomes inflamed if he sits long continuously. At its posterior margin is a small opening from which an offensive pus escapes. From this swelling, or cesspool as I will name it, there are three burrowing sinuses. The first formed and longest extends forward across the perineum and ends upon the posterior surface of the scrotum, a distance of five inches. The second is four inches long and extends outwardly upon the buttock at right angles to the perineal raphé. The third and last formed sinus, which began two months ago, is two and a half inches in length, situated between the other two, and forms a curve tending toward the perineum. These sinuses feel like whip-cords beneath the skin. They have very little soreness and no external openings. Aside from lack of exercise the habits of the patient are beyond criticism. All the bodily functions are carried on in a normal manner. *Ry Twelve powders Sil.²⁰⁰, four doses per day.*

October 2d.—The swelling has less soreness and prominence. The discharge has already become less offensive. *No medicine.*

October 16th.—The original cesspool is smaller and now discharges an inoffensive, watery fluid. The longest sinus is discharging at its anterior extremity on the back of the scrotum. *No medicine.*

October 31st.—A watery discharge oozes from the end of the sinus as well as from the cesspool, which is not more than half the size which it had originally. *One dose Sil.^{40m} (F.).*

November 24th.—Less discharge now from the sinus. The cesspool fills and discharges about once a week. *No medicine.*

December 15th.—The discharge from the sinus is now very slight. The original opening discharges frequently and a lessening quantity at each time. *One dose Sil.^{72m} (F.).*

January 15th, 1891.—There have been only two discharges from the cesspool in a month. *No medicine.*

February 10th.—The longest sinus has stopped discharging, and the other two have opened at their extremities. *One dose Sil.^{cm} (F.).*

March 13th.—The discharge is lessening at all points. The sinuses are losing their hardness. *No medicine.*

April 14th.—Improvement is going on steadily. *No medicine.*

May 11th.—An increase in the amount of the discharge has been noticed for a few days. *One dose Sil.^{cm} (Skinner).*

June 6th.—The cesspool has entirely disappeared.

Only a few drops of watery fluid escape from the original opening on any day. On some days none at all.

A slight discharge from the last two sinuses. *No medicine.*

November 2d.—Occasionally some discharge from the original opening, but none from the sinuses. No trace remains of the longest sinus. *One dose Sil.^m (F.).*

March 26th, 1892.—No traces of the sinuses or cesspool can be found. Occasionally a little moisture oozes from the original opening. *One dose Sil.^{5cm} (F.).*

May 12th.—There has been no discharge from the fistula for several weeks.

DISCUSSION.

Dr. Kent—The application of a remedy for ingrowing toe-nails is an inference from the proving. The remedy probably did not produce ingrown toe-nails, but rather a sensation as if the nail were growing in, and this paper is a verification of the truth and genuineness of the proving. The remedy has cured it in so many instances that there can be no doubt about its effect in that trouble. I remember the first time I used it was in a patient who had no other symptoms. He had the shoe cut over the toe to prevent the pressure of the upper upon it. On examination I found an ingrown toe-nail that had been very much treated. He had scraped it and stuffed cotton under it, and so on, without a cure resulting. I gave him a single dose of the Polus Australis, and to my astonishment in two or three days he told me that it had taken away the pain, and it finally cured him.

Dr. F. Powel—I should like to add my testimony to the efficacy of this remedy on ingrowing toe-nails. I have had a

number of cases, probably as many as twenty, cured by it. Only two weeks ago the son of one of my colleagues in Chester had a trouble of this kind with his toe of a very severe nature. It gave immediate relief. My success with it has been almost unvarying. It acts very promptly.

Dr. M. Powel—A friend of mine showed me a thumb the nail of which was ingrown and very painful. I gave him one dose on the tongue of Magnes-aust.^{10M}, and when I met him again afterward he said it was well.

Dr. M. F. Taft—I was called to see one of the Sisters in a Catholic convent on account of badly ingrown toe-nails. She was very far gone in consumption. I did not take the totality of the symptoms. Knowing the reputation of the remedy in that trouble, I gave it as an experiment. In one week the toes were greatly improved, and in two weeks were well, but I have always wondered whether the patient was injured by it, although I did not notice any aggravation. This idea was raised by the rapid healing of the toes without other improvement.

Dr. Reed—Some seven or eight months ago I read an article in the *Medical Advance* by Dr. Powel on this remedy for ingrowing toe-nails, and I sent to him for some of it, because I was suffering myself from such a complaint. I took his medicine and my toe-nails are just as bad as ever.

Dr. Kent—Dr. Reed has a lot of other symptoms that should be prescribed for instead of the toes. He knows that as well as anybody here.

Dr. S. Long—I have had in the last two or three months two cases of ingrowing toe-nails. They were cured, but not with one remedy. I cured the patient with the toe-nails.

Dr. E. E. Case—There is no specific for ingrowing toe-nails. I have cured them with Graphites and with Silica.

Dr. A. Campbell—Is there any peculiar appearance of the nail when the *Polus Australis* is indicated?

Dr. Case—None that I know of.

ABSCESSSES OF THE VULVA CURED BY SEPIA.

I. DEVER, M. D., CLINTON, N. Y.

November 30th, 1891, Mr. R—— came to me with a request that I call to see his wife, who had just returned from a fever-infected district in Northwestern Pennsylvania. He stated that his wife had been sick with a slow fever for ten weeks, and notwithstanding the fact that she had been constantly attended during the whole time by an able physician, he failed to bring about a salutary result, and had advised her to go North and escape the disease-producing influence of the atmosphere in which the fever had been contracted as the only hope of her recovery.

The husband was not long in giving me to understand that neither himself nor wife had any faith in Homœopathy, but his mother had advised him to call me, and he supposed that I would not confine myself to Homœopathy in so desperate a case.

He was an intelligent gentleman and I gave him a short lecture on Homœopathy, "pure and simple," which I practically demonstrated by curing his wife of her fever in three weeks. But for seven years she had been the subject of abscesses of the vulva, for the cure of which she had suffered much from the hands of many physicians, who had in no case withheld the use of the knife, but had cut into the abscesses both before and after the formation of pus, and by this and other harsh measures had greatly increased her sufferings, yet had not benefited her in the least.

The history of this case, like all others which have their origin in psora, dated back to childhood, and the footprints of psora could even be traced to her parents, who transmitted to her this undesirable inheritance.

She stated that when a child she suffered from an eruption of itching pimples, which had for their seat the inside of the joints, especially the bends of the elbows and knee joints. After puberty she was less troubled with the itching eruption except at the time of her menstrual periods it would sometimes, though not always, make its appearance on the hands and wrist.

Her menstrual periods were not regular, being one or two days late and always preceded by pain, always relieved by the flow. She complained of a bearing-down pain with stitching or shooting pains from below upwards toward the umbilicus and pit of the stomach.

During her inter-menstrual period she was troubled with an itching, smarting, and burning leucorrhœa. Her urine became turbid and very offensive after standing, and deposited an adhesive *red* sediment on the side of the chamber.

She is twenty-eight years old and has been married four years. Has had abscesses of the vulva for seven years, but previous to her marriage she would not have them often—not more than one a year—but when she first consulted me she stated that she was at no time free from them, and as fast as one began to get well another appeared to torment her and make her life hardly worth living.

I did not examine the abscesses, but she described them as seated in the vulva, and on first appearance as being hard and extremely sensitive to the touch, and as large as a walnut. They were slow in pointing, but when they came to a head they discharged large quantities of a dirty brown or mahogany-colored pus.

She had spent some time in an allopathic hospital, where she received the full benefit of cuttings and hypodermic injections of caustics into the newly-formed abscesses, in the hope of aborting them, as her surgeon told her, but all to no effect, except to aggravate the difficulty and leave the lady hopeless and discouraged of ever obtaining relief, much less a cure. Such is the history as given by the lady, who freely confessed that she had about resigned herself to her condition, though she might possibly do as some of her friends had advised her, go and place herself under the care of some specialist and be knifed by more skillful hands.

After she had given me the above history of her case, I told her that the Homœopathy taught by Hahnemann and prescribed by his disciples—and there is no other Homœopathy—would cure her in a year, and if she wished, I would prescribe, pro-

viding she would faithfully follow my directions, to which she freely gave her hearty consent, and I began the study of her case, to follow it where the symptoms, as above narrated, would leave me. After an examination of the different remedies, I finally rounded up on Sepia as the simillimum for this particular group of symptoms, and prescribed Sepia²⁰⁰, one dose, which I allowed to continue its action for six weeks. How well my prescription was sighted to the mark may be inferred from the following note received six weeks after my first prescription: "Doctor Dever, I have only had one abscess since I began your treatment. I am out of medicine and would be pleased if you would send me more. I am doing my own work. I feel well. Myself and husband are converts to Homœopathy." I continued the action of the Sepia by sending another dose 200.

March 3d, I received the following: "Please send me more medicine, I am getting along nicely, without abscesses, and I want the good work to go on."

My predecessors, the allopathic surgeons, did the best they knew—they treated the abscesses, the result of psora, with the knife, and failed. I treated the cause of the abscesses, the psora, with the homœopathic remedy—or in other words, the simillimum Sepia, and cured.

DISCUSSION.

Dr. Kennedy—Why did Dr. Dever repeat the remedy, when the patient was still improving?

Dr. Dever—The lady lived three hundred miles from me, and I sent the medicine in the way that I have described on account of my inability to see her often. I should have done differently, no doubt, under different circumstances.

Dr. Tompkins—I hope Dr. Kennedy does not find fault with the time in which that case was cured?

NASAL POLYPI CURED WITH ONE DOSE OF
AURUM-M,^{50M}.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

Mr. H. T., aged about seventy-eight years, rather stout but not very fleshy, would weigh about one hundred and sixty, hair and beard milk white. Some forty years ago had nasal polypi of both anterior nares. Had them extracted by some "regular," and was thoroughly dosed by him. In a short time they grew again, but larger than before; he had the same M. D. extract them the second time; and as he reported, gave him any amount of medicine as well as used external washes with astringent nasal injections, but the polypi persisted in growing for the third time, when he refused to have them extracted again. They filled both anterior nares, so much so, that it was impossible for him to force a particle of air through the nasal passages, and protruded so as to come down to near the border of the upper lip; was very sensitive to the touch; of a grayish reddish color, and a continuous semi-putrid discharge which was very disagreeable to him and every one that he came in contact with.

He was very despondent, said he was nothing but a nuisance and had been for the past thirty years (after the third growth of the polypi), and that the sooner he was dead and out of the way the better for all concerned, as he could see no benefit to himself or any one else by his doing so; after getting his symptoms the best that I could (placing the most importance upon the mental), and mistrusting sycotic basis, I gave him one small dose of Aurum^{50m}, to be followed by Sac-lac. once in forty-eight hours.

In about three months both polypi entirely disappeared and have shown no symptoms of returning for the past two years.

DISCUSSION.

Dr. E. E. Case—About a year and a half ago I had a case of polypus in a lady. She was a fleshy person, a Calcarea subject, and she received that remedy in the 1m potency. The polypus

was so large that the nostrils were entirely occluded, even the face was perceptibly swollen. Under treatment this swelling decreased, the offensive discharges lessened, and she began to have a bleeding from the nose, the polypus in the meanwhile growing smaller. Some of her friends concluded, notwithstanding the improvement, that there was no use in doctoring, and she did not come back. Six months after the prescription, when blowing her nose, the remnants of the polypus came out on her handkerchief.

Dr. Baylies—I also cured a polypus in a child eight years old with a single dose of Calc-carb.^m (million) F.

THE INSTITUTE BUREAU OF MATERIA MEDICA.

Chairman Kraft (Cleveland) and his able Secretary, Leonan (Minneapolis), are thus early in the field with a letter addressed to each professor and lecturer on Homœopathy the world over, requesting a short paper from each such addressed teacher to embody answers to the questions asked. These relate to very material and practical things in Homœopathy—such, for instance, as a recommendation of best plan for teaching materia medica in the preceptor's office, in the college, and post-graduate; the teaching of Therapeutics, and as well *The Organon*. The bureau has already received a number of full answers, and others are promised. To the lover of Homœopathy nothing is of course dearer than his materia medica; but because of indifference or ignorance this vital branch has fallen away and become, as to the student, one of the monotonous dry-as-dust studies. Let every homœopath who is anxious for the rehabilitation of materia medica give his best thoughts and endeavors to this bureau, and assist in bringing about a grand revival of Homœopathy in the Institute. Everybody is invited to participate in the Symposium, whether he be a teacher or not. Whatever benefits materia medica benefits Homœopathy; and that which benefits Homœopathy benefits each individual practitioner. Either the Chairman or Secretary will furnish copy of formulated questions on application.

GRAPHITES *vs.* CICATRICIAL TISSUE.

CAROLINE E. HASTINGS, M. D., BOSTON, MASS.

About two years ago Mrs. W—— came to me for consultation. She had been married about two years, and was disappointed because she had never become pregnant. A digital examination revealed what appeared to be a strong fibrous septum across the vaginal passage about an inch and a half above the vaginal orifice. To the touch it seemed complete, and a careful search with the eye after the introduction of a speculum revealed no opening. But as the patient menstruated regularly, and without suffering, I knew an opening must exist. I therefore requested my patient to come to me at the beginning of the next menstrual period. She came soon after, and I introduced a speculum and carefully wiped the surface of the septum, and watched for the manifestation of an opening by the appearance of a drop of the menstrual blood. In a moment a red point was visible, and only a point. I placed a small probe-pointed sound against the indicated opening and it passed into a chamber above the septum, and as far as I could determine into the ordinary vaginal passage. I explained the condition to my patient, and fixed upon a date for an operation. I supposed at the time that I had only a simple septum, possibly an exaggerated hymen to deal with, and that a crucial incision with the opening as a starting point would be all that would be required. Under ether the almost pin-point opening was found; dilatation made until the finger could pass, and then, instead of a smooth surface on the other side of the supposed septum, I found a mass of adhesive bands. I could make out a cervix uteri, and that the os was free.

Instead of a clean crucial incision I was obliged to carefully dissect up and free the passage above the septum, also the uterus, which had one strong band attached to the left side of the cervix. After some little effort the passage was made clear, but with a rough and bleeding surface. The result to be obtained now was healing of this surface without adhesions.

To accomplish this the surfaces were kept from contact by tampons of cotton, wet with water, with a few drops of Calendula

added. The tampons were renewed every day, a douche of water and Calendula following the removal of the packing. Healing progressed favorably, and at the end of four weeks the patient was able to return to her home, but with the advice that she should come to me once a week that I might be sure matters were keeping right. At the second visit, about five weeks after the operation, I discovered a contraction of the upper portion of the vaginal passage. At the third visit, a week later, a semi-circular band was very apparent. I viewed this threat of a return to the old condition with dismay, yet saw no way to prevent it. At the time of the fourth visit, or eight weeks after the operation, there was a decided cicatricial band, which to the finger, in form and feel reminded me of the *falx cerebri*; it was crescent-shaped and cord-like to the finger, constricting the passage and catching the lower half of a cylindrical speculum, and so preventing its introduction. Above and beyond the margin of the band I could see the os and anterior lip of the uterus. I felt that the operation had been useless, that even if pregnancy took place this band would prove a barrier to the passage of the head in parturition, and I wondered if it could be cut at the time. Then occurred to me the power of Graphites to affect cicatricial tissue, and I determined to try it. I should say that Mrs. W. was a splendidly healthy woman, and gave me no symptoms upon which to base a prescription. December 15th, 1890, I gave a dose of Graphites ^{5m}. At the next visit the band was less resistant.

January 1st, 1891, I gave another dose, and from this time the band gradually softened, and at the end of two months had entirely disappeared, and up to the present time—more than a year—there has been no return of the contraction.

The speculum passes easily and engages the cervix without difficulty.

DISCUSSION.

Dr. S. Long—I should like to hear some opinion as to what would have been the effect of Graphites before the operation? I will answer my own question by saying that I believe that Graphites would have cured the case in the beginning. The

doctor thought that with her surgical knowledge she could remove the difficulty with an operation, but she failed. What a blessed thing it is that she knew Homœopathy after that surgical failure. As surgeons are we justified in putting our surgical knowledge before our Homœopathy?

Dr. Hastings—If I had known in the beginning of the adhesive bands, I should probably have thought of Graphites at once. If I had given ether and dilated to the point where the finger could have been passed, before the operation, I should have discovered the bands. The origin of these bands will probably never be known. I questioned my patient carefully to find whether there was any history of injury that might have resulted in such bands, but could get no light upon it. Had it been an exaggerated hymen, I do not believe that Graphites would have removed it.

Dr. James—The late Dr. H. N. Guernsey had a case similar to that, but without the adhesive bands. He gave Silicea and cured it.

NECROSIS OF THE OS CALCIS.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

My little boy, æt. twelve, was away from home on a visit, and one day he was taken with a pain in the heel of his left foot, at the end. This pain he described as though something were sticking there, with throbbing pain and tenderness swelling about the heel and the malleolus, the internal and external; this pain kept on increasing, day by day, for about two weeks, when I opened heel, and he seemed somewhat easier, but up to this time I was up with him night and day. He received remedies that seemed to be indicated, but none of them controlled his condition until he got white around the mouth with restlessness and picking at his nose. I gave him a dose of Cina. At this time it seemed as if he would go into spasms, but this remedy controlled the symptoms till I made another incision.

From this time on he received Calc-carb., Hepar-sul., Lyc., Silic., Sanicula, Rhus-tox., Sulph., Psorin.

He would go sometimes for two months without any remedy, but when he had any symptoms at all I would try to prescribe for him. I could see no benefit from any remedy but *Sanicula* and *Psorin*. They were given in the highest potencies. He had psora when a little child, and as I was away from home, and my wife was going to be at the homes of friends, she could not think of taking him there without trying to dry it up, so she used the common remedy, Sulphur and Lard. This is no doubt the cause of this constitutional trouble coming in the form of ostitis with necrosis. He was on crutches for one year, with constant discharge from the opening.

One of the leading allopaths in town recommended cutting down to the bone and taking out the pieces and scraping it, as it would never get well till it was done, but I told him that I thought it was a case to be treated constitutionally, and that he had this necrosed bone because he was sick. The sponginess gradually left, and the heel seemed to get into a more healthy condition, and gradually the tissues grew fast to the heel, and the bone was by this means forced out by nature or by the area becoming less and less, till the last piece was taken out, and now, over a year and a half, he has had no trouble or inconvenience from it, and is as sound as the well one. All of the neighbors thought I was trifling with him by not having him treated by surgery.

DISCUSSION.

Dr. Long—I wish to ask a question, which is suggested by that paper: Whether it is the custom of physicians of this Association to cut open or lance abscesses?

Dr. I. Dever—If you want to know whether it is advisable to lance an abscess or not, get one yourself and try it. I had an abscess about two years ago and could not sleep for the pain, and so I thought I would open it. I did so, but in two minutes I saw I had made a mistake. It hurt worse, and I believe it took longer to heal.

Dr. Hitchcock—I should like to call attention to a curious result of an accident upon myself. Four years ago I cut my

thumb to the bone. I fastened the wound together with court plaster and it healed in a few days. But a short time afterward a small round swelling appeared near the corner of the nail, which remained about two years, causing no inconvenience. Then there was a discharge of a thick, white, cheesy substance near the root of the nail at the base of the swelling, which continued for two or three months. Later a white point appeared on the top of the swelling, and when opened more of the cheesy matter appeared. By cutting deep down into the opening thus made, the cause of the trouble was found to be a portion of the thumb-nail growing from a part of the matrix of the nail which had been severed by the original cut, and the result is a small nail is growing directly through the flesh about a quarter of an inch from the root of the natural nail.

Dr. I. Dever—Dr. Hering claimed that nature was blind, and as an illustration of the fact he showed us a lizard with two tails. The lizard's tail had been wounded, so that its tail was partly cut off, and as a result the lizard grew another tail out of the wound. This illustrates the same fact as Dr. Hitchcock's thumb-nail.

Dr. J. V. Allen—I think the lancing of abscesses depends upon circumstances. I had a boy of fifteen who had a perineal abscess. I prescribed for him the best I could. Rapid supuration went on and the pus settled down in the left iliac region. There was no pointing. The patient was in a bad way. There was great prostration, cold sweats, and general collapse. I punctured the abscess, and the most offensive pus I ever smelled ran out in great quantity. There was immediate relief, and the patient recovered.

Dr. S. Long—Some eight or nine years ago THE HOMŒOPATHIC PHYSICIAN gave a very clear and decided article from the pen of Dr. C. C. Smith, giving a number of good reasons why an abscess should neither be lanced nor poulticed. The same applied to felons and furuncles. The article was so conclusive to me that I tried it on the next case I had, and the next case I had, strange to say, was myself. Like Dr. Dever, I walked the floor for two nights, and then I concluded that if it was not

better by morning I would lance it. The following morning I found a perfectly loose core about the size of a marrow-fat pea. I think I made a mistake in removing the core, for it took three weeks to fill up the place. Since that I have not lanced nor have I poulticed, believing with Dr. Smith that the abscess, or furuncle, is merely the external evidence of an internal condition.

Dr. Tompkins—I am reminded of a case of abscess in the abdomen, brought on by violently jumping the rope. It was a very painful affair. It became impossible for the girl to use her right leg, so that for a time I was in doubt whether she was not having hip disease. It proved to be an abdominal abscess. I called in counsel, and it was lanced in the region of the right groin. As long as I continued to press out all the pus, the secretion increased and there was doubt whether the patient were going to recover. Of course I was medicating to the best of my ability. I concluded that I would allow the pus to fill the cavity and preserve it a chance to run out only as it should overflow. The cavity filled up and the child recovered, the improvement following so promptly on the adoption of this plan that it formed a striking hint that the daily excavation of the pus was a mistake.

Dr. Fincke—The abscesses that I have treated with remedies without lancing have healed without a cicatrix; but if they were poulticed, they were more apt to leave a cicatrix. Of all the cases that came to my hands, there was not one in which blood poisoning occurred. The high potency seems to prevent it. Nobody need be afraid to trust the indicated remedy. We have many fearful cases cured with the homœopathic remedy in small doses. I published one case of viper-bite by Dr. Thorer, that was cured with three doses of a few pellets of *Lachesis*³⁰. The woman had fever, the limb was swollen and bluish, the abdomen was swollen and the patient almost collapsed. The moral is that we must trust our medicines and give them a fair trial before resorting to chemical and mechanical expedients.

Dr. Baylies—It is hardly necessary to affirm that when an abscess is fully matured and shows the significant yellow point,

that it may be prevented from forming an unsightly cicatrix by puncture. A recent case was that of a woman who had, I was told, a premonitory swelling under the left maxilla. Allopathic physicians applied an ointment and in a few hours the whole of the left side of the face and neck, as far down as the clavicle, was swollen red and hard, as if poisoned by the application; developing a phlegmonous erysipelas.

There was also œdema of the tongue, the sublingual tissues, and the fauces. Apis reduced the œdema of the mouth and throat, but the swelling and cellulitis increased and the patient became unable to separate the teeth.

Nocturnal aggravation, salivation, and involuntary deglutition strongly pointed out *Mercurius*; which was given with gradual amelioration. The inflammation became less extensive, and *Hepar-sulphur* was given for indications; an abscess matured and was *punctured* with a narrow bistoury over the left cheek. The swelling subsided in a day or two, and the abscess healed, leaving no visible cicatrix. This instance simply illustrates the occasional *need* of instrumental interference after sufficient homœopathic treatment.

Dr. Kimball—I had a case a year ago in which an attack of German measles was followed by much swelling under the angle of the jaw. It slowly improved, but there was pus there. She and her friends were very persistent that it should be lanced. I refused, and I afterward heard that it had been lanced and a large amount of pus evacuated. In about a year she came to see me. She was thin and pale, with a suspicious cough, and said she had never been well since the abscess was opened. Under the action of medicine she is slowly improving, but this is not an encouragement to me to lance abscesses.

Dr. Bell—In inflammatory affections like carbuncles, furuncles, and styes I believe it is far better to give the indicated remedy, for in such cases evacuation will give no relief whatever. But there are cases in which the pus is the chief element of danger, where it is liable to burrow under deep fascia, and have no tendency to come to the surface, and will thus do great damage. Only a short time ago we had a case in the hospital

in which an abscess had formed deep in the neck on the right side. It was a very dangerous form of disease, known as post-pharyngeal abscess. The patient could not lie down, could hardly eat or drink, and of course could sleep but little. We etherized him with great difficulty, for he was in constant danger of suffocation. We cut rapidly down and opened an abscess. The relief was immediate. He was immediately able to eat, sleep, and drink.

This is where the judgment of the physician comes in. We should endeavor to discriminate, for there are cases where the pus burrowing in deep tissues constitutes a grave danger, and where skillful lancing is necessary. To prevent the open capillaries from absorbing anything, I often prefer to use the thermocautery, which sears and hermetically seals them up.

Dr. E. E. Case—I had a case about two weeks ago that may be of interest in this connection. A farmer in bottling cider received a cut on the finger from a broken bottle. He took sugar and closed the lips of the wound and went on with his work. In a creamery he put his hand in ice cold water very frequently. There was no trouble for a week. The hand, arm, and axillary glands then became swollen and painful. When he came under my care the whole hand was enormously swollen and he was having chills and fever. I put him under treatment and succeeded in arresting the pain and general swelling. The skin of the finger was tense and plainly full of pus. The skin was very thick and tough. I knew there was only a calloused skin between the pus and the air. What should I do? Would it harm the patient to evacuate the pus? I made a small opening in the skin with instant relief to the pain. He slept well during the following night, and has been improving ever since.

Dr. Winn—A machinist came to me with a septic wound in the knuckle, occasioned by scratching it against a piece of brass, dirty with grease. It pained him slightly for several days, then a fever came on. Temperature rose to 104.6; pulse, 140. He had a terrific backache; no urine for twenty-four hours; no sleep for two days; dry, coated tongue with red tip. He was

in a very bad condition. I opened the abscess, letting the incision follow the course of the tendons, and put a cold compress on it. Internally I gave him *Rhus-tox*. Next morning the temperature had dropped and he began to pass urine. The succeeding day the temperature was normal, and he recovered. Some of my friends told me that it was the *Rhus* that did the whole thing, but I feel differently. The great restlessness, backache, and red-tipped tongue were the indications for the remedy.

Dr. Tompkins—In such a case, if the indications for the remedy were certain, I would trust it to relieve the entire condition; but if I were not sure of the remedy, I would use some other means of relieving the patient.

Dr. Hoyne—Early in May one of my patients complained of having taken cold. He said that it acted like fever and ague, and from his description I thought he was right. The next day he did not have any; the third day he had a regular paroxysm. Under *Bryonia* the paroxysm ceased—that is, on the next day he should have had one it did not appear. About this time there appeared a swelling on the arm with pain. It was a little larger than a hickory nut. It gradually increased until the whole arm was swollen, including the hand. There was copious sweat and a typhoid looking tongue. At this time I was called out of town, leaving the case with Dr. King. During my absence Dr. King gave him *Bryonia*, and when I returned I found it still indicated. The temperature was less and the pain less, but the swelling was as bad as ever. He refused to have it opened. The man died of pyæmia, as I believe. Possibly his life might have been saved if the pus had been let out. The entire time of the sickness did not exceed fifteen days.

Dr. Sawyer—I have had some bad cases of abscess recently. One near the right ovary and probably involving the vermiform appendix. I was very much afraid that the patient was going to die. I had no faith in the patient's being able to endure an operation, and knowing nothing better to do I stuck to the remedy, and to my surprise and pleasure the pus disap-

peared without surgical interference. The swelling was enormous.

Dr. J. V. Allen—The pus disappeared down the fallopian tube, as it generally does in these cases. I had such a case in which operation was advised, and promise of death held out if refused. I was called in and prescribed for her. I made about four visits. The medicine relieved her, the pus broke, passed through the fallopian tubes and out of the vagina.

Dr. Sawyer—I do not know that I mentioned the fact that the pus did *not* pass out of the vagina or rectum, as I supposed it would, and told the nurse I expected such to occur, and it was watched. No pus passed. It must have been absorbed.

Dr. J. B. G. Custis—I do not like to find fault with Dr. Allen, and I have no doubt about the pus getting out, as he says, but I do doubt very strongly his opinion as to the course it took. This is a very interesting subject, but we must be a little careful about it. We cannot have every case go out of our hands as we would like it to go. In Washington we had a great many cases of abscess following malarial fevers and the grippe last winter, and it has been our rule to lance them unless we had a hectic fever come in. The amount of pus is nothing, the swelling amounts to nothing unless you get that continuous hectic fever. Then the safest plan is to get that pus evacuated. The location of the abscess has much to do with it, for if there is an exit for the pus anywhere it may, if left alone, open in a very unfavorable way and make trouble. The safest rule is to be guided by the thermometer and the condition of the patient. This is especially the case in abscesses about the mastoid process, and the ears. There may be great swelling there without great damage, but if you get elevated temperature the sooner you let the pus out the better for the patient and for your own reputation.

Dr. Hastings—I am a living example of the utility of opening an abscess. Two years ago at this time it was a question whether I was to remain any longer on this earth. The abscess, which was of the kidney, was opened, and I was considerably better very soon. I had suffered with this abscess for two

years, that is, there was discharge of pus through the pelvis and ureters into the bladder, and had been at intervals for two years. I was not much inconvenienced by the discharge of the pus itself, but my health began to fail. I was passing two ounces of pus daily. I was obliged to give up business entirely. There was considerable disturbance of the digestive organs, terrible retching followed the ingestion of food. I was under the best homœopathic treatment that Boston afforded, Drs. Wm. P. Wesselhœft and James B. Bell. Finally I went out of town to Dr. Wesselhœft's country home, but I grew worse; the pain became unbearable in the left groin. Both my days and my nights were sleepless. I ate absolutely nothing during the two weeks I was at this country place. I was taken home on a bed worse than when I went away. Two days after I decided for myself that I would undergo an operation. The time was set for Saturday, but Thursday night was such a night of suffering that I determined to have the operation the next day. It was performed with complete relief. A large quantity of pus was evacuated and in two days I was able to retain food. If that abscess had not been opened I would not be here to tell the story. I suffer no discomfort, although there is a small fistula with slight discharge of pus.

Dr. J. B. Bell—At the operation we called together the staff of the Massachusetts Homœopathic Hospital. The pus was not in the kidney, but in the capsule. If you could have seen Dr. Hastings at that time and now, it would be difficult to realize it was the same person.

Dr. S. Long—It is generally said that there is always an exception to a rule, and I can readily understand that we cannot make an absolute rule to govern every individual case. I can say that I am glad that we have surgeons and surgical operations to preserve life and restore health. I am glad to know that the patient endured two years' suffering before a surgical operation was undergone, but I do not believe that the law of similars failed in that case. The failure was on the part of the gentlemen to find the simillimum. We must not blame or put down against the law what is due to the inability of man.

Dr. R. L. Thurston—The mere fact that the *fistula* exists shows that the patient is not well yet. The psora finds a vent in this new condition, and I believe that if the fistula were now to be removed by means of the knife a worse condition would arise. The operation simply diverted the disease into a new channel. The attending physicians failed to cure with their remedies, but Homœopathy did not fail.

Dr. C. E. Hastings—Nobody says, that I know of, that Homœopathy failed in my case. I grant that the simillimum was not found. I believe that the simillimum exists that would heal this fistula, but in the present state of our knowledge it might be difficult to find. Perhaps it has not been proved yet. I should be very happy to submit my case to Dr. Thurston or to any one here who thinks he can cure it. This is the ground on which I stand: I believe fully in the law of similars, and when we have reached its height, depth, and breadth I know not what wonders it will accomplish, but until that day we are compelled, on rare occasions, and under protest, to resort to surgical measures in justice to ourselves and our patients.

Dr. McLaren—And after all has been said it still remains the truth, that surgery is the opprobrium of medicine.

Adjourned to 10 A. M.

Third Day—Morning Session.

Thursday, June 23d, 10 A. M.

(Bureau of Surgery Continued.)

INFANTILE SPINAL ATROPHIC PARALYSIS,
AND OTHER CASES.

T. M. DILLINGHAM, M. D., NEW YORK, N. Y.

Among the most important and trying cases brought to a practitioner for treatment is that of infantile spinal paralysis.

In the etiology of the old school there are no predisposing causes known, although mention is made of syphilitic infection and rheumatism as likely to develop a liability to it.

The more I see of such cases, in fact, of disease in any form,

the greater my admiration of Samuel Hahnemann and my respect for his theory of disease. In the first volume of his *Chronic Diseases* can be found, and there only, a rational explanation of the cause of all serious ailments of living creatures. If I could be entirely freed from all the inherited diseases that are in me, I believe I would be safe from every acute disease known to the world of medicine, except syphilis and gonorrhœa.

Here is this ailment called infantile spinal paralysis, which universally occurs in apparently well children. We have a perfect picture of the horrors of inheritance, and one ever to hold before the gaze of those who are dull in seeing the great truth in Hahnemann's explanation of chronic disease.

B. A., age five, as bright and lovely a boy as ever lived, was taken with high fever, after his usual play, among most perfect surroundings. He complains of pain in the head; would not allow them to move him from the position he had chosen, on his back, and if they did, screaming until he was again in the same position. The hands trembled and arms and legs twitched so that I feared spasms. He was very irritable, not the least his nature, and averse to light.

This fever continued for the greater part of four days, with but little remission, during which time he passed water very seldom, going twenty-four hours twice, although the bladder was full. There was no movement of the bowels for nearly two weeks (except on the seventh day, from an enema) (for the benefit of the family only). On the fifth day it was found he could not move his legs nor stand on them for an instant.

He was now happy again, had a good appetite and well, except for the paralysis.

The bladder gradually resumed its functions, and later the bowels. Then the left leg rapidly came to life, but the right one was useless.

After a while the child sat up in bed, surrounded by pillows; later the pillows were removed, but there was not yet strength enough in the right leg to keep him from pitching head foremost in almost any direction, if he lost his balance.

Finally he got upon his knees and a little later began to creep.

Then he began to climb up to chairs and like an infant learned to walk. So few of the muscles of the leg were active, however, that he could not walk without holding on to something, for months, and then in a frightfully distorted position of his little spine.

Now, what are we to do with such a case? The boy seemed well, and was apparently well in every particular, since the fever left him, except the paralysis.

We know the cause, although the parents are both strong and well, and there is no history of venereal disease of any kind. Several members of the family have had psoric conditions of the most aggravated form, especially the grandparents.

If it is not psoric, what is it? What else can commit such a crime?

I selected one or two remedies with great care, and used daily massage by a trained masseur.

As soon as he could stand up to a chair he was put into the wheel crutch, invented by Mr. S. G. Darrach, of Newark, and exercised an hour and a half, twice daily.

For several weeks there was no shrinking of the muscles, but later it showed itself markedly.

As soon as he could walk without help I put him into a raw-hide corset which kept his spine in the natural position as much as was possible, but it takes constant care to keep it there, as he is in almost constant motion, and although improving greatly in his ability to walk, some of the muscles yet refuse to awaken to their responsibility.

Practically all the deformity we see on the street, except that of maimed limbs, is the result of this disease, and to be able to cure the psoric lesion in the spinal cord quickly, and in the meantime skillfully to preserve the symmetry of the body—would be a triumph. These cases usually pass into the hands of orthopedic surgeons, so that their offices are crowded daily with the cases they have under charge. An interesting feature of the case was a consultation with one of these gentlemen, at the urgent request of the allopathic end of the family.

The surgeon agreed with me as to the diagnosis, but advised

painting the spine with Iodine, giving palpable doses of Bell. and Strychnine and the daily use of electricity and massage.

The parents of the child are thoroughly Hahnemannian in their ideas, and the case was left in my care. The surgeon was free to admit that, considering the history of the acute attack, the case had made unusual progress toward recovery.

There remains much to do for this case yet, although the rotundity of the paralyzed leg is returning, and the boy is able to do more each week. I am by no means sure that it is not fatty infiltration instead of muscular development that is improving the appearance of the limb.

The satisfaction I have thus far derived from this case is, *first*, I feel sure as to the cause, and as to how the cause should be treated. Therefore, no experiment.

Secondly, by resorting to mechanical manipulation and supports I am preserving the natural form of the body until such time as it can be brought back to life, as it can be most quickly and safely done by the homœopathic remedy.

A second case of this kind came into my hands about the same time.

The primary attack was much lighter, and thought to be la grippe, followed by rheumatism.

Fortunately he had the best of care during the acute stage by a thorough Hahnemannian.

When I saw the child he walked as if his leg was asleep, and he appeared to "kick it out" when he exerted it.

No symptom above the knee of paralysis, but the ligaments about the knee were so much relaxed that I had to procure a brace to prevent hyper-extension.

He will also require further apparatus on the foot as the extensor muscles are yet inactive and the toe is drawn under, and without the proper support would result in club foot (*Talipes equinus*).

This case has received massage only.

I regret taking so much of your valuable time, but the observations of the pathologists on this lamentable ailment of chil-

dren are so complete as regards its natural and pathological history that I will quote briefly from them.*

POLIOMYELITIS ANTERIOR ACUTA (KUSSMAUL) (ACUTE INFLAMMATION OF THE ANTERIOR GRAY HORNS, ACUTE ATROPHIC SPINAL PARALYSIS).

Etiology.—This affection is most frequently met with in childhood, the disease appearing between the ages of six months and three years in thirty-two out of thirty-four cases observed by West. It may, however, occur at so early an age as ten days, and a disease essentially the same occurs in the adult. Heine asserts that the disease occurs in the healthiest children, and that neither sex nor hereditary predisposition appears to exercise any influence on its causation. It appears, according to Drs. Barlow and Wharton Sinkler, to be more common during the summer than the winter months.

Injuries of various kinds are often said to be the cause of the disease, and nurses are frequently blamed unjustly by parents who, unable to believe that such a striking phenomenon as paralysis can occur suddenly without appreciable cause, imagine that the child has been lamed by a fall through the carelessness of its attendant. The most usual exciting causes are painful dentition, and exposure to cold, more especially when the body is overheated, and the affection often occurs in children, and occasionally in the adult, during or soon after an attack of measles, scarlatina, small-pox, typhus, and other acute affections.

Symptoms.—Although this disease is essentially the same in children as in adults, yet the symptoms differ so much in the two as to demand separate description. The disease will be first described as it occurs in children.

a. INFANTILE SPINAL ATROPHIC PARALYSIS.

It will conduce to clearness if, like Laborde, we divide the clinical history of this affection into the periods of (1) invasion ;

* Since writing the above, four more cases of Infantile Spinal Paralysis have come into my hands, two of them *neglected cases*.

(2) remission; (3) regression of paralytic phenomena; (4) atrophy with deformities. It must, however, be remembered that these periods overlap, and that this sub-division is merely adopted for the sake of convenience.

(1) *The Period of Invasion*.—The disease is commonly ushered in by a more or less intense fever, which is often preceded by general malaise, pain in the head or in the back, mental irritability, fretfulness, and startings of the limbs. As a rule, the fever is of short duration, lasting only from one to two days. In some cases it passes off in a few hours, while in others it continues from fourteen to sixteen days, or even longer. As the fever increases the cerebral symptoms become more pronounced, confusion of ideas and slight somnolency are observed, and the child may become unconscious, or delirium of varying degrees of intensity may supervene. The disease was ushered in by convulsions in thirty out of seventy cases collected by Duchenne, these convulsions being, most probably, the ordinary eclamptic attacks which so frequently precede every acute febrile disease in childhood. All general symptoms are sometimes absent; the child is put to bed apparently in good health, and is found paralyzed in the morning.

(2) *The Period of Remission*.—After the initial symptoms have subsided it is observed that the patient is unable to move one or more of his limbs, or the paralysis may not attract attention until the child is taken out of bed for some purpose, and then the relaxed and helpless condition of the affected extremities can hardly fail to be noticed. The paralysis is probably never fully developed at once; it increases gradually and reaches its maximum extent and degree in the course of a few hours, in a day or two, and occasionally not until a longer period has elapsed. Relapses sometimes occur. After a first attack one limb is paralyzed, and a few days afterward, during which rapid improvement has been taking place, the child is seized with a second febrile attack and other limbs become paralyzed. A case is reported by Laborde in which the paralysis did not become permanently established until the third attack.

The *distribution* of the paralysis is very variable. It often

involves not only the four extremities, but also the muscles of the vertebral column, and even the intercostal muscles and those of the neck are not always spared. Sometimes the lower extremities alone are paralyzed, but the upper extremities are seldom exclusively affected. The paralysis assumes in some cases the form of a hemiplegia, and in these the side of the neck, of the face, and of the tongue may be implicated at first, and may on rare occasions remain permanently paralyzed.

Sensory disorders are almost entirely absent during the whole course of the disease. At the outset patients may complain of pains and various paræsthesia, but these symptoms are of short duration. A certain degree of cutaneous hyperæsthesia or rather hyperalgesia has been described as being present during the febrile stage; but this tenderness to touch probably depends upon affections of deeper structures, such as rheumatic inflammation of joints. The cutaneous sensibility is sometimes blunted in the paralyzed extremities in old standing cases; but this probably depends upon underlying nutritive and vascular changes.

Reflex action is completely lost in all the muscles which are severely paralyzed, and it is much lowered or temporarily extinguished in the muscles which are slightly affected.

The *tendon reactions* are also absent in the paralyzed muscles.

The *functions of the bladder and rectum* are rarely affected. During the first days there may be retention, but more frequently there is incontinence, and the stools may be passed involuntarily. These disorders disappear in from three to eight days from the commencement, except in young children, in whom a slight incontinence of urine may remain for some time.

(3) *The Period of Regression*.—After a certain time, which varies from a few days to a few weeks, some of the paralyzed muscles begin to improve, and in a few cases a complete recovery takes place. The cases which recover have been described by Kennedy under the name of *temporary spinal paralysis*. But, as a rule, only some of the muscles are completely restored, while the rest remain permanently paralyzed. When the paralysis is general it often happens that the upper half of the body is the first to show

signs of amendment, the paralysis disappearing rapidly from the neck, upper extremities, and trunk, and becoming restricted to the lower extremities. This improvement, which Laborde calls the period of *first regression*, is followed after a variable interval of time by a second period of amendment, which the same author calls the period of *second regression*. During the second regression some of the muscles of the lower extremities undergo a progressive improvement, and one limb may be restored to full motive power, while one or more of the muscular groups of the other limb may remain permanently affected, particularly in the anterior and external group of the leg. In some cases improvement takes place from below upward instead of from above downward, and then the paralysis becomes permanently localized in a superior extremity, or occasionally in the trunk or neck. The permanently paralyzed muscles are implicated in groups according as they are associated in their action, and not in accordance with the peripheral distribution of their motor nerves.

(4) *The Period of Atrophy and Deformities.*—All the muscles which are severely paralyzed become the subjects of a *rapidly progressive atrophy*, and even those which are but slightly affected waste to some extent, but soon recover. The atrophy becomes well marked in the course of a few weeks in the muscles which are severely affected, and after a time they become so attenuated that the bones seem to underlie the skin. Sometimes the muscular atrophy is masked by the accumulation of fat in the connective tissue, and consequently the loss of volume is not always a trustworthy test of the degree to which the muscle has become atrophied.

The *electrical reactions* of the affected nerves and muscles may vary from a simple diminution of the normal reactions to the *partial* or the *complete* reaction of degeneration. It was first shown by Duchenne that the Faradic irritability of both nerves and muscles sinks quickly in those which are severely attacked, and becomes lost on the seventh day or during the course of the second week. He laid it down as a rule that all the paralyzed muscle in which the Faradic irritability is only more or less diminished during the course of the second week do not remain

permanently paralyzed, and that the restoration is the more prompt and complete the less the Faradic irritability is diminished.

Arrest of development of the osseous system often occurs, and it may be altogether out of proportion to the degree in which the muscles are paralyzed. The greater part of the muscles of a limb may, indeed, be lost while the bones are almost entirely unaffected, and, conversely, a limb may be considerably shortened while only one or two muscles are atrophied. The paralyzed lower extremity may be found from two to six inches shorter than the corresponding healthy limb, and the upper extremity may be similarly affected, although not generally to the same degree. The long bones are thinner than normal; they are porous, friable, and yielding; their epiphyses and processes grow smaller and less distinct; the paralyzed hand or foot is shorter, narrower, and thinner than the sound one; and even the pelvis may be arrested in its development.

The *joints* become unusually movable, partly from disappearance of the articular extremities of the bones and partly from relaxation and stretching of their ligaments, and occasionally the changes undergone are so great that the patient is able to dislocate a joint without experiencing any discomfort.

The *skin* of the affected extremity is flabby and so inelastic that it retains, for a long time, slight pressure marks, such as that made by the stocking. The surface of the limbs is of a mottled or bluish color, it is remarkably cold to the touch, and in old cases its temperature may be from 5° to 12° F. lower than that of the corresponding healthy limb. The skin is liable to chilblains, and indolent ulcers form on slight provocation, these nutritive changes being accompanied, and probably caused by a diminution in the calibre of the arteries.

The *deformities* occurring in the affected limbs give to this disease some of its most characteristic features. Some pathologists believe that the deformities are produced by the predominant action of the healthy muscles, the normal *tonus* being destroyed in the affected muscles; but Volkmann asserts that the deformity is produced mainly by the weight of the limb itself,

because the position generally assumed by the foot is only a higher degree of that which it assumes when unsupported and left free from the action of the muscles. The influence of gravity on the position of the limb ought certainly not to be ignored, but the position assumed by the foot in talipes calcaneus when the muscles of the calf are paralyzed shows that gravity is not the only, perhaps not the chief force which is operative in the production of these deformities. Two other factors, at least, must be taken into account. The first is that the paralyzed muscles often permit the limb to assume a position in which the ends of their healthy antagonists are more or less permanently approximated, and the latter consequently become permanently shortened by undergoing "adapted atrophy." The second factor is that the paralyzed muscles themselves may become permanently shortened, either from arrested development or from proliferation and subsequent retraction of their connective tissues. Of all the deformities which occur in infantile paralysis, talipes equinus and equino-varus are the most frequent, because the muscles most frequently paralyzed are the long extensors of the toes, the tibialis anticus, the extensors of the great toes, and the peronei muscles. When the anterior group and the abductors of the foot are affected at the same time talipes equino-valgus, and when the muscles of the calf alone are affected talipes calcaneus is produced, but this form is exceedingly rare, and simple talipes varus is of still rarer occurrence. Another common deformity is the "pes cavus"—"talus pied creux" of the French, in which the sole is hollowed and the instep is rendered prominent. Duchenne thinks it is caused by a more or less complete paralysis of the muscles of the calf, along with simultaneous contraction of the flexors of the foot either the long flexors of the toes or the long peroneus. The great laxity of the ligaments allows the foot to become bent upon itself from the transverse tarsal joint when the foot is unsupported, but when it is placed upon the ground it assumes the form of "flat-foot."

Various deformities occur in the inferior extremity, according to the extent and localization of the paralysis. The anterior and

internal muscles of the thigh are those most usually affected above the knee, and then the predominant action of the flexors of the leg on the thigh maintains the leg in a permanent condition of partial flexion (*genu recurvatum*), while the thigh is likewise abducted. This deformity is always associated with flexion of the thigh of the body, and talipes equino-varus. All the muscles of both legs are sometimes paralyzed, so that the patient is compelled to walk on his knees, dragging his small thin legs after him. In still more aggravated cases the muscles of both legs and thighs are permanently paralyzed, so that the small, flexible limbs dangle about like the limbs of a doll (*jambe de polichinelle*). Curvatures of the vertebral column generally result in infantile paralysis from the attitudes imposed by other deformities, but occasionally the curvature is caused more or less directly by the paralysis. Of the direct curvatures, *lordosis*, is the most frequent and important; it is caused by partial paralysis of the sacro-spinal muscles, and in order to prevent the permanent bending forward of the body, by the predominant action of the flexors, the patient involuntarily throws the trunk backward, so that the weight of the trunk is borne by the flexors, while the tension is taken off the partially paralyzed extensors. In this form of *lordosis* the pelvis is pushed forward, and the buttocks become less prominent than in health.

The deformities of the upper extremities are much less frequent and serious than those of the lower extremities. The muscles of the shoulder, and particularly the deltoid, are the most usual subjects of paralysis and atrophy in the upper extremity. In the severer forms of paralysis of the muscles about the shoulder joint the humerus becomes separated from the glenoid cavity, so that a dislocation is readily produced or may occur spontaneously, the arm hangs powerless by the side, and, to use the apt comparison of Heine, dangles about like the loose end of a flail. The distortions of the forearm and hand are not so frequent or important as to require description.

The general health of the patient is not interfered with in this disease; the organic functions are well performed and the patient may live to extreme old age.

TREATMENT.

The treatment of these cases by the allopathic school is of the usual plan. First, every effort is made to reduce the fever with laxative and cool baths.

Then comes the long narrow blister down the spine, or stimulating linaments containing Croton oil, or Turpentine. Internally to assist in overcoming the spinal congestion Ergot and Iodide of Potassium are given. After all this depleting and exhausting treatment, comes as a matter of course the building-up process, Iron, Phosphoric Acid, Strychnia, and Quinine. Electricity is highly lauded by some, and great caution in its use advised by others. Massage, and other exercise with the use of proper apparatus.

One authority sums up his remarks with the following: It may readily be surmised that this plan of treatment (orthopædic) is one requiring the utmost patience and persistence, and the most loving persuasion and encouragement, for indeed it must be pursued in face of all apparent failure, for months and years. Of electricity we know less than we should.

The old school use it as they do drugs, in such quantity that more harm than good is the constant result.

A very remarkable and interesting series of results is reported by Keeth, the great London surgeon, in the treatment of fibroid tumors.

We find him adopting the smallest possible dose, some patients receiving but a single short treatment and sent home to await the result, which in almost every case results in stopping the discharges and later atrophy of the growth.

I may use a minimum dose of electricity in both of these cases. The allopaths are very guarded regarding the duration and prognosis of Infantile Paralysis.

THIRD CASE.—IRRITATION OF THE SPINE.

The third case to which I wish to call your attention is an aggravated case of spinal irritation in a girl eighteen years of age.

Ten or twelve years ago the family physician, who was hunt-

ing for spinal diseases, informed the mother of the dangerous condition of the spine, and from that time to the present she has worn a heavy corset.

Several years ago an abscess, deep in the tissues, was said to be on the point of breaking ; but it never did, because there was never one to break.

Before the case was placed in my hands, I was consulted as to what was best to do, her former physician having moved from the city.

An examination showed it to be a most aggravated case of spinal irritation, in a psoric person.

Of course, I advised thorough homœopathic treatment, but they were not quite sure I could be correct in my diagnosis, and took her to three of the orthopædic men, none of whom pleased them.

They all agreed with me, however, in diagnosis. Electricity was decided upon and greatly improved the case for a time. As usual, on the old principle that if a little is good, much is better, they overdid it, and she became much worse, and was brought to me to do as I thought best with.

She could go about the house for an hour or two each day, some days more, some less ; but most of the time was spent on or in the bed.

She wore a heavy corset, without which support she suffered great pain all through the back and right side. Being naturally studious and ambitious, she made every effort to take music and other studies, but would collapse entirely after the teachers had finished their half-hour instructions.

Cold damp hands and feet ; a clear white complexion ; very red lips ; face flushed and paled alternately when the least tired ; and she sang or complained, when not reading, of which she did a great deal in bed.

The selection of the remedy was not difficult. But to get off the harness and have a light brace or support fitted so that she could get into the air and about the house was a very difficult feat to perform.

It was almost impossible to persuade her mother that there

was not serious spinal disease ; that there was not "dead" bone which should be cut out and must be cut out before the child could recover. The child's figure was almost perfectly symmetrical, but the anxious parent was sure one side was much larger than the other, etc., etc.

Under Calcareo-carb. and daily massage the general condition was greatly improved. The cold, clammy skin became warm and dry, and one by one other symptoms abated.

It was months before a new brace could be worn with comfort, and not until I gave her Selenium, for the constant distress, aching and burning in the back and right side, that this was accomplished.

The effect upon the aching and burning pains was very marked. The relief very great, but was followed by enormous swelling of the breasts, which lasted several weeks.

It was impossible to touch the girl's spine or back without giving her very great pain until recently.

Calc-carb., Ferrum, Silicea, Selenium, and Puls. are all the remedies she has had. The horrors of spinal disease and a distorted figure are removed from her mind.

She attends church and musical entertainments with scarcely any fatigue, and will soon abandon the corset entirely. If properly treated in the beginning she would have never worn a corset and recovered years ago.

The well-known characteristic conditions of this pathological condition are brief and as follows :

SPINAL IRRITATION.

Etiology.—The female sex predispose to this disease, although men are occasionally affected. The members of neuropathic families are generally attacked, and most of the cases occur between fifteen and thirty years of age.

The exciting causes are emotional disturbances, sexual excesses, exhausting diseases, and everything which weakens the nervous system.

Symptoms.—The symptoms begin with headache, sleeplessness, increased nervous irritability, ill-defined pains in the back,

neuralgiform pains in the face or extremities, and general feebleness, these symptoms gradually increasing in intensity until the disease is fully developed.

The patient now complains of pain in the back, which is aggravated by exertion, and is situated most frequently between the shoulder blades, or in the back of the neck, and less frequently in the loins. The spinous processes of some of the vertebræ are excessively tender to pressure, and over these processes the surface is found to be very sensitive when a hot sponge or the cathode of a galvanic current is applied. Tenderness of the vertebræ to pressure is, indeed, the most constant and important symptom of spinal irritation, and this sign is rendered all the more valuable from the fact that spinal tenderness is never a prominent symptom of myelitis and other organic diseases of the cord.

The patient complains of various paræsthesiæ and neuralgiform pains in the upper and lower extremities, occiput, face, pelvic region, bladder, genitals, or viscera; the slightest exertion occasions great fatigue and exhaustion; and walking soon becomes impossible owing to the excessive pain caused by it.

The motor symptoms consist of fibrillary twitchings, spasms of some muscles, choreic movements, hiccough, and even permanent contractures in rare cases. Epileptic attacks are said to have been occasionally observed, but it is more likely that these general convulsions were hysterical seizures. A certain degree of muscular weakness may be present in some cases, but real paralysis has never been observed.

The vaso-motor disorders consist of coldness of the hands and feet, and the patients are apt to turn pale or red on the slightest provocation.

The most common visceral disorders met with are eructations, nausea, vomiting, palpitations, asthmatic breathing, cough, vesical spasm, and polyuria. The patient also complains of noises in the ears, dizziness, *muscæ volitantes*, and other disorders of vision, sleeplessness, and great mental depression or irritability.

FOURTH CASE.

The fourth case is one of hemiplegia resulting from cerebral apoplexia.

This is interesting only that it illustrates the benefit to be derived from exercise as soon as it can be taken in all forms of nervous disease.

The apoplexy was so intense and prolonged that no one expected the man to recover, which he did very slowly.

I was called to see the case, months after the attack, and found him tumbled into a wheel chair and able to be held up between two strong men and moved a very difficult step or two. I had him put at once into Darroch's wheel chair, and with marked advantage.

Very soon he could walk all about the room and soon on the walks of his premises.

In mild, or the most severe cases of chronic rheumatism, this chair is of great use.

FIFTH CASE.

One of the most troublesome and distressing cases brought to my attention this year is a terribly aggravated case of lateral curvature of the spine in a young girl of sixteen years.

It began in school and is a case of *simple neglect*. No attention was paid to it for a long time. The mother, a very lovely woman in many ways, would not allow herself to believe that her child needed anything more than a mild suggestion now and then to stand erect. Although a pale and weakly child full of psora, a physician's care was considered unnecessary; in fact, avoided; and although amply able and willing to pay any expense attached to treatment of the case, it was neglected from mere inability on the part of the mother to be made to understand the situation.

It is easy to see how a case of this kind would grow worse and worse almost in spite of all that can be done.

Naturally weakly and listless. Objecting to help which annoys her in the least. Growing each month as she developed

into womanhood, the increase of weight adds constantly to the difficulties to be overcome.

The physician cannot be too imperative in his demand to be strictly obeyed in these cases from the very beginning.

This case was for two years under an orthopædic surgeon, but grew constantly worse because she did not have the homœopathic remedy, and because he neglected to see that his orders were obeyed.

Resting on an inclined plane and being rolled daily by a trained masseur is the best treatment of these cases, together with a suitable support, if the case is inclined to be serious.

SIXTH CASE.

Erskine Kline Malcolm, born in Nova Scotia, April 26th, 1862, came to the States in November 1889, and became a weaver in a cloth mill in Maynard, Mass. One morning in the latter part of September, 1890, he attempted to lift a cut of heavy cloth, weighing seventy-five to one hundred pounds. The floor was smooth, and as he threw the cloth over his left shoulder, he lost his equilibrium and was falling backward, when, by a sharp struggle, he regained his footing. At the moment of this severe effort he was conscious of a sharp pain, which ran from the left side of the neck to the left ear. This was only momentary, and he continued work all day, merely mentioning at home that he had nearly fallen. He noticed no symptom of any injury for about three months. Then, one morning, he observed a stiff feeling on the left side of the neck on waking, which passed off on rising and moving about, and was attributed to a slight cold. But this sensation recurred each morning, augmenting in severity and lasting longer each day, until the skin on the left side of the neck felt tight all the time. Soon he began to be wakened at from two to four A. M. with pain, sharp and drawing, seeming to elevate the shoulder and pull the head down on it. In the middle of February, 1891, he was obliged to stop working in the mill, for the first time since the accident, and then first sought medical advice. His physician prescribed a liniment on the neck each night, the

nature of which the patient did not know, except that it was so hot that on the fifth night, after having received no benefit from it, he used too much and was badly blistered. He discontinued the use of the liniment, and continued to grow worse, until he became delirious with pain, and imagined a man hacking with a knife at the back of his head. He was out of the mill until the first of May, with the exception of one day and a half, when he felt improved. All this time he suffered from severe pains which were only temporarily relieved by hot applications, hops, etc., and finally Morphine. When he was again able to work his neck was stiff and his head bent to his shoulder, but the pain was less. He was out for two months in the summer, and on returning to work was put to a loom as weaver. He had hardly begun this when he began to lose the use of the left arm, and was soon completely paralyzed in that limb. There was still some pain in his head and his left knee was weak. Faradism was tried, but to no purpose. He then went to the Massachusetts General Hospital, where salt water bathing of the affected parts was prescribed. He was also directed to rub with a stiff brush and a remedy, the name of which he forgot, and which he consequently did not use. On December first he again went to the Massachusetts General Hospital, where he saw Drs. Putnam and Carter, and where his trouble was first diagnosed by the latter physician as dislocation of the cervical vertebræ. Galvanism was prescribed for the paralysis, but it grew worse rather than better. The surgeon of the Hospital in examining felt a projecting point of a cervical vertebra by pressing on the right side of the neck beside the larynx. He put on a Thomas collar, and asked him to return in a week. Instead of returning he took the advice of a friend and came to New York to the Hahnemannian Hospital. I saw him and prescribed a Darrach jury-mast, and ordered him to exercise in the wheel crutch. Improvement in his arm and leg was immediate and has continued. All symptoms disappeared when pressure was removed from the injured parts, and I have given him no medicine except one dose of Hypericum. He walks in the park several hours

at a time, and has charge of the dispensary building attached to the Hospital.

Can dress and undress himself, and from being a helpless cripple is now a useful man about the Hospital. I hope to permanently cure the poor fellow.

Whether he has a *broken neck* or ruptured cervical muscles I cannot determine, but here again is illustrated the wonderful effect of proper *apparatus*, especially the wheel chair.

REMOVAL OF THE OVARIES.

Too much cannot be said against the popular and simple operation of removing the ovarian appendages.

Surgeons, young and old, are rushing into this with blind enthusiasm for two reasons.

First, in the old school, it is almost impossible to cure any difficulty which arises from the pelvic organs.

Their very method of procedure warrants "no cure," and invariably they fan the flame.

If the attending physician is religiously inclined his failures are laid to "Adam's fall;" if he is scientific and has discarded all divine authority, he lays it to the innocent microbe, and proceeds to remove the patient from the reach of the creature.

I will not burden you with the details of a dozen cases that are under my care and observation. That there is an occasional case benefited by this operation there is no question, but they are very few.

They invariably are miserable for from a year to the rest of their mortal life.

One case under my care, operated upon by a famous operator seven years ago, has grown worse every year since the operation, and I can do nothing for her.

Another case operated upon two years ago has required my help ever since the operation and it is hardly well yet. She is a remarkably well-developed young woman, and no more required the operation than the surgeon who performed it. It was an outrage, and so on through the dozen.

Then again there are errors on our side. So confident do we

become of the effect of our wonderful remedies and our ability to hit the bull's eye every time that we get more than the laugh on us too often.

We do not kill, but by looking through an open door we can see more than through the keyhole.

A case of complete rupture of the perineum with involuntary movements of the bowels was brought to me this year for an operation.

A most excellent Hahemannian, without any examination, had assured her of a cure with remedies only, but failed. Such assurance and carelessness is a "fatal error."

Two cases of water about the knee have afforded me much satisfaction and are worthy of a moment of our time.

I have advocated to the best of my ability in my paper on "spinal operation" the proper use of supports.

Now I am about to condemn them, at any rate, to discard them in cases where they are unnecessarily used.

Two years ago a gentleman applied to me for lameness in the left knee.

He was on crutches, the joint was carefully supported with cotton and a rubber roller bandage.

On removing the dressing I found a large accumulation of water and great sensitiveness. He could not bear any weight on the foot. As a homœopathic physician had been treating him there had been no medicated applications.

The remedy was not very evident if we regarded the knee, but the history of his general state for the past thirty years was Sulphur, and that only. So he got it according to our method of administering it, and his recovery was remarkable. Very soon he had no use for crutches and has remained well for over a year, although constantly busy. I removed at once the bandage and deprived him of his crutches.

The second case came to the Hahnemann Hospital and was fortunate enough to fall into my hands.

He had been in one of the allopathic hospitals for a longer time than he could afford—being a painter and dependent upon his daily work to support his family.

His knee was also bandaged with a rubber roller and cotton, and had also been repeatedly painted with Iodine and blistered; but it was growing constantly worse.

I called the attention of a warm friend of mine on the surgical staff to the case and told him I would cure it with the medicated remedy only.

He said it could not be done. The remedy was Apis, and in a week the man begged me to let him go to work. But I kept him a week longer to make the cure permanent.

THE PHYSICIAN'S VISITING LIST for 1893. (Lindsay & Blakiston's.) Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

This is the forty-second year of the publication of this well-known visiting list. It measures $6\frac{1}{4} \times 3\frac{3}{8}$ inches, and is the smallest and lightest visiting list published. Among its valuable features may be mentioned the relation of the French metric system to English weights and measures, tables of dosage, etc., poisons and their antidotes, examination of urine, a table of the forms of Bright's disease showing the differences of the various forms; diagnoses of the simpler diseases of the eye; tables of the eruptive fevers, showing differential diagnosis, and other tables that are used daily by the physician in his rounds. It is bound in morocco, furnished with tuck, pocket, and pencil. The price is, for 25 patients a week, \$1.00; 50 patients, \$1.25; 75 patients, \$1.50; 100 patients, \$2.00. This visiting list has been used by the editor of this journal for a number of years.

ALL AROUND THE YEAR 1893. Lee & Shepard: 10 Milk Street, Boston, Mass. Entirely new design in colors, by J. Pauline Sunter. Printed on heavy card-board, gilt edges, with chain, tassels, and ring. Size, $4\frac{1}{4} \times 5\frac{1}{2}$ inches. Boxed. Price, 50 cents.

The "All Around the Year" calendar which Mrs. Sunter sends out this year is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy card-board, gilt-edged, with chain, tassels, and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lasses issuing in each month with just the right words, and in the most charming attitudes, while the lines on the cards combine to form a very pleasing love story. Done in several colors, one can scarcely imagine anything more graceful than the twelve cards, each bearing the dainty design which includes the month's calendar as a part of the picture. The cover shows a pretty little Miss watching a Cupid "warming his pretty little toes" at an open fireplace, while on the last page this same Cupid (or his fellow) is playing sweetly, "Good-bye, My Lover, Good-bye."

